Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

FEDERAL ASSISTAN	NCE.	2. DATE SUBMITTED		14	Version
		May 14, 2004		Applicant Ide	entiner
1. TYPE OF SUBMISSION Application	: Pre-application	3. DATE RECEIVED 6	BY STATE	State Applica	ation Identifier
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	tifler
Non-Construction	Non-Construction				
5. APPLICANT INFORMAT Legal Name:	ION		Orang Ingila cal Half		
Imperial Valley Regional Oc	oguputional Diseases		Organizational Unit: Department:		
Organizational DUNS:	FI	W/ E FT	Division:		
067652268	FREI	V E I			
Address: Street:	1101-5-5		Name and telephone involving this applic	number of postion (alva are	erson to be contacted on mut
007 Pagin Charal	1101		Prefix:	First Name:	71 (OGG)
667 State Street City: El Centro	THE MAY 14	4 4000	Middle Name	Mery	
	1 200	1 (P.) FEOT	N.		
County: Imperial	OLEAS	NING HOUSE	Last Name Camacho		
State: California	20 Code E CLA	(11.69)	Şuffix;		
Country: USA			Email:		
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Number (give ar		Fax Number (give area code)
91-213331	,		760-482-2666 or 2644		760-482-2751
TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)
	New Continuation	Revision	H. Independent School		· · · · · · · · · · · · · · · · · · ·
Revision, enter appropriate See back of form for descript	letter(s) in box(es)		Other (specify)	n District	
Other (specify)	L		9. NAME OF FEDERA Department of Labor	L AGENCY:	
O. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
FITLE (Name of Program): Veterans' Employment and T 2. AREAS AFFECTED BY	raining Service	17-802	Project Network Educe Technology Security (I		/eterans Employment Trade
mperial County, California		C, C. C, .			
3. PROPOSED PROJECT			14. CONGRESSIONAL	DISTRICTS	OF:
tart Date: 7/01/2004	Ending Date:		a. Applicant		b. Project
5. ESTIMATED FUNDING:	06/30/2005		52nd		52nd REVIEW BY STATE EXECUTI
Federal	Д.	/81	ORDER 12372 PROCE	\$87	
	 \$	150,000	B. Yes. AVAILABLE	APPLICATION E TO THE STA	APPLICATION WAS MADE TE EXECUTIVE ORDER 1237
Applicant	\$	60,169 ·		FOR REVIEW	
State	\$	00	DATE:		
		•			
Local	\$.	55000	IS NOT COVE	ERED BY E. O. 12372
	\$		b. No. PROGRAM		ERED BY E. O. 12372
	\$		b. No. PROGRAM OR PROGR	RAM HAS NOT	BEEN SELECTED BY STATE
Other Program Income	\$ \$ \$	100	b. No. PROGRAM OR PROGR	RAM HAS NOT	BEEN SELECTED BY STATE
Other Program Income	\$	210,169 '	b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN Yes If "Yes" attach a	RAM HAS NOT W F DELINQUEN In explanation.	BEEN SELECTED BY STATE TON ANY FEDERAL DEBT7 NO
Other Program Income TOTAL TO THE BEST OF MY KN CUMENT HAS BEEN DUL TACHED ASSURANCES II	\$ SOWLEDGE AND BELIEF, A	210,169 2LL DATA IN THIS APP	b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN Yes If "Yes" attach a	RAM HAS NOT W T DELINQUEN In explanation.	BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT7 IZI No
Other Program Income TOTAL TO THE BEST OF MY KN CUMENT HAS BEEN DUL TACHED ASSURANCES II Authorized Representative	\$ IOWLEDGE AND BELIEF, A Y AUTHORIZED BY THE G THE ASSISTANCE IS AW First Name	210,169 2LL DATA IN THIS APP	b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN DYES If "Yes" attach a LICATION/PREAPPLICA THE APPLICANT AND T	RAM HAS NOT EW T DELINQUEN IN EXPLANATION ATION ARE THE HE APPLICAN	BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT7 ID No RUE AND CORRECT. THE
Other Program Income TOTAL I. TO THE BEST OF MY KN DCUMENT HAS BEEN DUL TACHED ASSURANCES II Authorized Representative effx st Name	\$ SOUND BELIEF, AND BELIEF, AND SELIEF, A	210,169 2LL DATA IN THIS APP	b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN* UYes If "Yes" attach a LICATION/PREAPPLICANT AND THE	RAM HAS NOT EW T DELINQUEN IN EXPLANATION ATION ARE THE HE APPLICAN	BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT7 ID No RUE AND CORRECT. THE
Other Program Income TOTAL TO THE BEST OF MY KN CUMENT HAS BEEN DUL TACHED ASSURANCES II Authorized Representative effix sist Name simucho Little	\$ IOWLEDGE AND BELIEF, A Y AUTHORIZED BY THE G THE ASSISTANCE IS AW First Name	210,169 2LL DATA IN THIS APP	b. No. PROGRAM OR PROGREY FOR REVIE 17. IS THE APPLICAN UYES If "YES" attach a PLICATION/PREAPPLICA Middle N N. Suffix c. Teleph	RAM HAS NOT T DELINQUEN IN explanation. ATION ARE THE HE APPLICAN Barne	BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? IT NO RUE AND CORRECT. THE IT WILL COMPLY WITH THE
Other Program Income TOTAL TO THE BEST OF MY KN	\$ SIOWLEDGE AND BELIEF, A Y AUTHORIZED BY THE G F THE ASSISTANCE IS AW First Name Mary	210,169 2LL DATA IN THIS APP	b. No. PROGRAM OR PROGREY FOR REVIE 17. IS THE APPLICAN UYES If "YES" attach a PLICATION/PREAPPLICA Middle N N. Suffix c. Teleph	RAM HAS NOT T DELINQUEN T DELINQUEN T PERIOD ARE TE HE APPLICAN Arion Are TE Barne One Number (62-2666 or 2644	BEEN SELECTED BY STATE IT ON ANY FEDERAL DEBT? IT NO RUE AND CORRECT. THE IT WILL COMPLY WITH THE

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	May 7, 2004	Applicant Ident	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizational U	nit·	
Legal Name:			Department:		
	rnia Human Developme	nt Corporation	Division:	grant & Seasonal F	armworker Program
Organizational DUNS: 060-	11-7272				
Address: Street:			Name and teleph	one number of per plication (give area	son to be contacted on matters
3315	Altway Drive G E		Prefix: Mr.	First Name:	Christopher
City: Sant	a Rosa		Middle Name		
County: Sono	mall MAY 1	4 200 11 11	Last Name		Paige
State: California	Żib¹-€ode 95403		Suffix:		
Country: USA	OTATE OF EN	DINO HOUSE	Email:		chris.paige@chdcorp.org
6. EMPLOYER IDENTIFICATION	DNNUMBER (EM)	MINOTIOONE	Phone Number (g		Fax Number (give area code)
94-1653023			(707) 521		(707) 523-3776
8. TYPE OF APPLICATION:	4000		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
Ne If Revision, enter appropriate let	w Continuation	on Revision	O. Not for Prof	it Community-based	l Organization
(See back of form for description	of letters.)		Other (specify)		
Other (specify)		- Lineared	9. NAME OF FED DOL/Employm	DERAL AGENCY: ent Training Adminis	stration
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
		1 7 - 2 4 7	National Farmwo	rker Jobs Program i	n Northern California
TITLE (Name of Program):	nworker Jobs Program,				
12. AREAS AFFECTED BY PR	ROJECT (Cities, Countie	es, States, etc.):	_		
	s counties of Northern C				
13. PROPOSED PROJECT				ONAL DISTRICTS	
Start Date: 7/1/2004	Ending Date:	6/30/2005		CA 1	b. Project 1, 2, 3, 4, 5, 6, 7, 10 and 11
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal)			PREAPPLICATION	I/APPLICATION WAS MADE
b. Applicant		3,649,176		LABLE TO THE ST CESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
		00		E: 5/7/2004	
c. State	5	•			
d. Local	5	. 00	b. No.		/ERED BY E. O. 12372
e. Other	5	. 00	│ ☐ FOR	REVIEW	T BEEN SELECTED BY STATE
f. Program Income	5		17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL		3,649,176 ·	1	ttach an explanation	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY TH	E GOVERNING BODY OF	PPLICATION/PREAF THE APPLICANT	PPLICATION ARE AND THE APPLICA	FRUE AND CORRECT. THE
a. Authorized Representative	First Name		M	iddle Name	
Prefix Mr.	Chr	istopher		uffix	
Last Name	Pa	ige			
b. Title	/ /	erim President/CEO			(give area code)) 521-4726
d. Signature of Authorized Rep	resentative	Varen	e.	Date Signed 5/7	7/2004
Previous Edition Usable Authorized for Local Reproduct	ion) Je			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				·		Version 7/03
FEDERAL ASSISTANCE		2. DATE SU 05/17/2004	JBMITTE	D	Applicant iden	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RE			State Applica	
☐ Construction	Construction	4. DATE RE	CEIVED	BY FEDERAL AGE	NCY Federal Ident	fier
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:				Organizations	il Unit;	
Elk Grove Unified School Distric	at .			Department:	led School District Pol	Ice Sendoes
Organizational DUNS:				Division;	100 001/001 2/30/10/1	700 007 91000
013617204 Address:	DERE F	l W ß	17	Nama and tale	anhone number of oe	erson to be contacted on matters
Street:	01-4-4-4	L-V-15	1011	invoiving this	application (give are	
9510 Elk Grove-Florin Road	1			Prefix:	First Name: Tom	
Člty; Elk Grove	<u> </u>	2004	凹	Middie Name		
County: Sacramento				Last Name Jenkins		
State:	ZIP Code CIFAR	ING HOL	ISE	Suffix:		
Country: United States	the bar			Email: tienkins@edce	enter.eguad.k12.ca.us	
B. EMPLOYER IDENTIFICATION	N NUMBER (EIN):				r (give area code)	Fax Number (give area code)
94-8002501	1			916-686-7786		916-689-3 8 04
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT: (See bed	k of form for Application Types)
₽ Nev		n 🆺 Re	vision	H. Independen	t School District	
If Revision, enter appropriate let (See back of form for description	ter(s) In box(es) of letters,)	П		Other (specify)		
Other (specify)	-	' ¹			EDERAL AGENCY: Department of Justice	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER	:	11. DESCRIPT	TIVE TITLE OF APPL	CANT'S PROJECT:
		1 6 -	7 1 0	Elk Grove CO	PS in Schools Pleasar	nt Grave Region
TITLE (Name of Program): Public Safety and Community P	holicino Grants	1				
12. AREAS AFFECTED BY PR		s, States, etc.	.):			
Elk Grove Unified School Distric	at .					
13. PROPOSED PROJECT					SSIONAL DISTRICTS	
Start Date: 10/01/2004	Ending Date: 09/30/2007			a. Applicant	5	b. Project 5
15. ESTIMATED FUNDING:	100/00/1200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16. IS APPLIC ORDER 12372	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		125,000	00	- V ITA TH	IIS PREAPPLICATION	WAPPLICATION WAS MADE
b. Applicant \$			- QII		/AILABLE TO THE ST ROCESS FOR REVIE'	ATE EXECUTIVE ORDER 12372 W ON
c, State \$		118,487	, <u>DU</u>		ATE: 05/17/2004	
d. Local \$			00			VERED BY E. O. 12372
e. Other \$				p. Na. 117		OT BEEN SELECTED BY STATE
f. Program Income \$			00	l L Fo	R REVIEW	NT ON ANY FEDERAL DEBT?
			- 00	17.15 THE AF	PEICANT DELINGUE	
g. TOTAL \$		243,48		1	attach an explanatio	
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING	IN THIS G BODY	OF THE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
e. Authorized Representative Prefix Mr.	First Name David				Middle Name	
Last Name	Da∨id				W, Suffix	
Gordon b. Title					c. Telaphona Number	(give area code)
	oo Atathus	4			916-686-7700 e. Date Signed //	
SuperIntendent d. Signature of Authorized Repre	mind W.	100	ola		E. Date Signed 5//	11/04 Shadood Form 434 (Boy 0.3003)
Previous Edition Usable Authorized for Local Reproduction	on	4 -				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Fax:213-473-7977

APPLICATION FOR	_	A BATE ADDIVITIES		A E 1.14	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED M	ay 14. 2004	Applicant Ider	R9 Tracking #: 04-282
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applica	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEI	NCY Federal Ident	ifier
Non-Construction 5. APPLICANT INFORMATION	□ Non-Construction				
Legal Name:			Organizational	Unit:	
City of L	os Angeles, Bureau of S	anitation	Department:	Department of Publ	llc Works
Organizational DUNS: 09-966-9	9066		Division:	Regulatory Affairs (
Address:				phone number of pe application (give are	erson to be contacted on matters
Street: 433 South Spring Str	eet. 5th Floor, Mail Stop		Prefix:	First Name:	
City: Lee Angeles		EGEIV	Middle Name	 N/A	Donna
County: Los Angeles	11471		Last Name	Toy-Chen	
State: California	Zip Code 90013	MAY 14 200	Suffix:	N/A	- A P. O
Country: USA			Email:	dchen@san.lacity.or	0
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
95-6000736	n ST	ATE CLEARING	(213) 473-856	7	(213) 473-8544
8. TYPE OF APPLICATION:				PLICANT: (See bar	ck of form for Application Types)
Ne If Revision, enter appropriate let	w Continuatio	on 🎑 Revision		C	
(See back of form for description	of letters.)	П	Other (specify)	N/A	
Other (specify)			9. NAME OF F	EDERAL AGENCY:	U.S EPA, Region IX - Cindy Lin
N/A 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPT	IVE TITLE OF APPL	ICANT'S PROJECT:
,		66-463			ceholder-Led TMDL Report
TITLE (Name of Program):			Development s	and Water Quality Sta	andards Studies"
Water Quality Cooperative Agr	eement - NPDES Relate	d State Program Grant	Water Quality	Cooperative Agreeme	ent - NPDES Related State
Los Angeles County and a sma	7		Program Gran	ts - CWA Section 104	lb(d)
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:	nber 31, 2005	a, Applicant 34		b. Project 24-39, 46
October 1, 2004 15. ESTIMATED FUNDING:	Deceil	iber 31, 2003	1	ATION SUBJECT TO	D REVIEW BY STATE EXECUTIVE
		gu	ORDER 12372	PROCESS?	N/APPLICATION WAS MADE
a, Federal \$		150,000	a. Yes. (E) A	AILABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant \$				ROCESS FOR REVIE	W,ON
c. State	i	1	1	ATE: May 13, 2004	
d. Local		- 00	b. No. 1□ PF	ROGRAM IS NOT CO	VERED BY E. O. 12372
s. Other		.00	'-' FC	R REVIEW	OT BEEN SELECTED BY STATE
f, Program Income		- 70	17. IS THE AP	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL		150,000 🖑		attech an explanation	
	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a, Authorized Representative	THE ASSISTANCE IS	AWARDED.			
Prefix N/A	First Name	,		Middle Name L.	
Last Name Robinson			·	Suffix N/A	
b. Title Director, Bureau of San	itation			c. Telephone Numbe	er (give area code)) 473-7999
d. Signature of Authorized Repr			***	e. Date Signed /	7 17 1 1 0 0 0
L A A	19			5/91/84	Standard Form 424 (Rev.9-2003
		# 64			Prescribed by OMB Circular A-10
ost-it® Fax Note 7671	Date 5/13/04	# of pages ► /			•
Clearens House	From Joan	Hueny			

Co./Dept.

APPLICATION FOR		Г	2. DATE SUBMIT	TED	Δnn	licant lo	dentifier	
FEDERAL ASSISTAN	ICE	i i	05/07/2004	125		02400		
THE OF CURINGSION			3. DATE RECEIV	ED BY STATE			cation Identifier	
1. TYPE OF SUBMISSION:	Preapplication		J. DATE REGEN	ED DI GIAIL				
Application Construction	Construction		/ 0477 BECES	ED BY FEDERAL AC	asecy fad	ierai lde	ntifier	
Non-Construction	Non-Construction	i	a, date medera	mu o : rmumeel e	35714533		A SALE FOR	
	Ton Constant			Organizational	Unit			
5. APPLICANT INFORMATION				-,				
* Legal Name: Merced County			Department:	Merced Count	ty Sheri	ff's Dept		
* Organizational DUNS:	078767951 5			Division:				
Address:							to be contacted on matters inv	gnivic
* Street1: 2222 M. Street	M	1AY 14		Prefix: Miss	* First Na	ame: E	Emma	
Street2:				Middle Name:				
* City: Merced	COUNTY	Merced	RING HOUS		Merino			
* State: CA * Zip C	Code: 95340	- Goun	1114	Suffix:	Email:	5718	@co.merced.ca.us	
6. * EMPLOYER IDENTIFICATION	N NUMBER (EIN):			* Phone Number			Fax Number (give*area code)	
94-6000560	, ,			209-385-7615	(3		209 385-7696	
8. TYPE OF APPLICATION:				7. * TYPE OF AP	PPLICANT:	Cou	inty Government	
New Continuati	ion Revisio	on		Other (specify)				
If Revision, enter appropriate letter	(s) in box(es)							
A. Increase Award B. Decrease Awa		tion		9. * NAME OF FI	EDERAL AGE	NCY:		
D. Decrease Duration Other (specify):				Community Orier	nted Policing S	ervices		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTAN	NCE	16.710	11. * DESCRIPT	IVE TITLE OF	APPLI	CANT'S PROJECT:	
TITLE: Public Safety Partnership a	nd Community Policir	ng Grants	Section 1997 in the sectio	School Resource	e Officer to be	assign	ed to Delhi Unified School Dist	rict.
				Number of stude	ents over 2700	, Size o	of School Campus 68 acres.	
12. * AREAS AFFECTED BY PR	OJECT (Cities, Cour	nties, States, etc	. <i>):</i> 1	Population 10,0	ioo. High chine	e alea,	meth and gang concerns .	
Unified County School District								
13. * PROPOSED PROJECT:				14. * CONGRES	SIONAL DIST	RICTS		
* Start Date	* Endin	g Date		* a. Applicant			* b. Project	
11/30/2004	11/30/	/2008		15			15	
15. * ESTIMATED FUNDING:				16. IS APPLICA ORDER 12372 P		T TO F	REVIEW BY STATE EXECUTIV	/E
* a. Federal	\$ 125,	000.00		a. YES. THIS PRI	EAPPLICATION/	/APPLIC	ATION WAS MADE AVAILABLE T	TO
* b. Applicant	\$ 200-	015.00		THE STATE EXE	CUTIVE ORDER	₹ 12372	PROCESS FOR REVIEW ON:	
* c. State	\$	0		✓ YES	DATE	05/17/	2004	
* d. Local	\$	0		b. PROC	GRAM IS NOT C	OVERE	D BY E.O. 12372	
* e. Other	\$	0		ORP	ROGRAM HAS	NOT BE	EN SELECTED BY STATE FOR I	REVIEW
* f. Program Income	\$	0		17. IS THE APP	LICANT DELIN	IQUEN.	T ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 325	,015.0	0 □	Yes If "	'Yes," attach a	n expla	nation. \checkmark	No
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, ALL DATA AND THE APPLICANT V	A IN THIS AP VILL COMPL	PLICATION/PREAPPI Y WITH THE ATTACH	ICATION ARE TRUE AND ED ASSURANCES.	CORRECT. THE I	DOCUME	NT HAS BEEN DULY AUTHORIZED B	Y THE
a. Authorized Prefix: Miss	* First Na	ame: Dei	dre		Middle Name	F		
Representative * Last Name:	Kelsey	Name of the last o					Suffix:	
* b. Title: Chair, Merced County	Board of Supervisor	rs .	* c. T	elephone Number (giv	ve area code):	209-38	35-7615	
* Email: 5718@co.merced.ca.u	ıs	1	Fax N	lumber (give area co	de):	209-3	85-7696	
d. Signature of Authorized Com	pleted on submissio	on to Grant	s Deids	F. Hely	e. Date Signed	d: Com	npleted on submission to Grant	

Previous Edition Usable

Standard Form 424 (Nev. X-XX)

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APPLICATION FOR				- OMB App	roval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		pplicant Identifier	1074710, 0348-004
	· · ·	May 13, 200	4		•
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application	Preapplication		, <u>-</u>	Sale Application Rentine	
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifior	
X Non-Construction	Non-Construction		, , abelock Addition	rederal identifior	
5. APPLICANT INFORMATION		<u> </u>			
Legal Name:			Drahizational Unit:		
City of Ontario		ORTWE	1 1	ice Department	
Address (give city, county, State,		防造业业	Name and telephone	number of person to be contacted	on most and law A.
303 East B Stre			his application (give a		on matters involvin
Ontario, CA 917		- 0 4	NIUIT "		
San Bernardino	County IIIII	MAY 13 2004	Lanet Jim	Doyle (909) 395-27	17
San Bernardino 6. EMPLOYER IDENTIFICATION	NUMBER (EIN)	1411.	T. TYPE OF APPLIC	ANT: (enter uppropriate letter in bo	x)
95 ~ 60 00	755		1		(C)
3/3 6/9/9	1713131	- CLEARING HO	JUSEN.	H. Independent School Dist.	
8. TYPE OF APPLICATION;	CTATI	E CLEARING T	B. County	I. State Controlled Institution of H	ligher Learning
[X) New	Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
ff Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
		ر ر	F. Intermunicipal	M. Profil Organization	
	rease Award C. Increase	a Duration	G. Special District	N. Other (Specity)	
D. Decrease Duration Other(s	spocity):				-
	•		9. NAME OF FEDER		2.4
			U.S. Depart	ment of Justice, Off	rice of
			Community O	riented Policing Ser	^vices
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	JMBER:		TLE OF APPLICANT'S PROJECT	
Public Safety P	artnership and [16-710	Law Enforce	ment/School Partners	ship to
Community Polic		*10 (110	Enhance Security On-Campus During After- School Events		
*)) Lib		· · · · · · · · · · · · · · · · · · ·			
12 AREAS AFFECTED BY PRO City of Ontario	DJECT (Cilles, Counties, Sta	iles, etc.):			
State of	California	county			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF			
10.1 Key Goes 1 Keszesi	14, CONGRESSIONAL DI	43r	А		
Start Date Ending Date	a, Applicant	401	b. Project		
,	City of Ontari	^	1	0	•
15. ESTIMATED FUNDING:	City O) Oncar i	Υ	16 IS APPLICATION	Our Schools Grant Subject to review by stat	r Evrouen
	\$.	35,000	ORDER 12372 PA		E EXECUTIVE
u. Federal	s	<u> </u>	UNDER 123/2 PA	(OCESS)	
		35,000	a YES THIS PRE	APPLICATION/APPLICATION WAS	E MADE
b. Applicant	\$	au .	7	TO THE STATE EXECUTIVE OF	_
	10	03,439		FOR REVIEW ON:	DEC 14372
c. State	\$	ÚO.		TOTAL PARTY ON	
			DATE 5	/12/2004	
d. Local	\$	00]		
			b. No. PROGRA	AM IS NOT COVERED BY E. O. 12	2372
e. Olher	\$.PU	OR PROC	GRAM HAS NOT BEEN SELECTE	D BY STATE
			FOR REV		
f, Program Income	\$.00	Į		
The American			17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDER	PAL DEBT?
9.TOTAL .	\$, av		attach an explanation.	i
19 TO THE PECT OF NO LIVE	\$13	88,439	Tes il les,	attach an explanation.	∭ No
DOCUMENT HAS BEEN NOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICAT	ON ARE TRUE AND CORRECT,	THE
TO TOWNER THAT DELIN DOLL	MOTHORIZED BY THE GO	VERNING BODY OF THE	E APPLICANT AND TH	E APPLICANT WILL COMPLY W	TH'THE
ATTACHED ASSURANCES IF T a. Type Name of Authorized Repr	HE ASSISTANCE IS AWAI	RDED.			
Gregory Devereau	contanve	b. Title		c. Telephone Number	
1. Signature of Aumprized Repres	*rivaing	<u>City Mana</u>	lger	(909) 395-2380	
- Clus	. serre	a /)		e, Date Signed	
revious Edition Usable		4		2/11/04	
Authorized for Local Reproduction	• • • • • • • • • • • • • • • • • • • •			Standard Form 424 (Re	
				Prescribed by OMB Circ	ular A-102

OMB Approval No. 0348-0043

916 341 5147

PPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
		R9 Tracking #04-240
Type of Submission:	3. Date Rec'd by State	State Application Identifier
pplication Preapplication		
Construction Construction	4. Date Rec'd by Federal	Federal Identifier
x Nonconstruction Nonconstruction	•	•
X_ [Noticonstruction		
Applicant Information:	Organizational Unit:	
Applicant information. gal Name and Address:	Colorado River Basin Regional Wa	ter Quality Control Board
ive city, county, state, and zip code)	Name and telephone of person to be	contacted on matters
State Water Resources Control Board	involving this application (give area	a code):
1001 I Street, Sacramento County	Jose Luis Angel	
	(760) 346-8932	. •
Sacramento, California 95814	7 7 7 7	
Family Vision Number (EIN) 5 68-0281986	7, Type of Applicant: (enter approp	oriate letter) A
Employer Identification Number (EN) 58-0281986		ependent School District
		Institute of Higher Learning
DUNS Number: 808321913 MAY 1 3 20	C Municipal J. Priv	ate University
. Type of Application:	of manierpar	ian Tribe
X_NewRevisionContinuation	IPI rompour	
into lorrer(c):		
Increase Award B. Decrease Award AKING	M. Pro	ofit Organization
. Increase Duration D. Decrease Duration	G. Special District N. Oth	ner (specify)
Other (specify)		
	9. Name of Federal Agency:	
0. Catalog of Federal Domestic Assistance Number	U. S. Environmental	Protection Agency
66.463		
Citle: Water Quality Cooperative Agreements	11. Descriptive Title of Applicant	's Project:
Title. Water Quality Cooperation		
	Development and adoption of Total	al Maximum Daily Loads (TMDL)
12. Area Affected by Project:	for volatile organic compounds (V	OCs) in the New River for cleanup
(cities, counties, states, etc.)	purposes. The New River is on Ca	alifornia's CWA Section 303(d)
New River area of California	list as water quality impaired.	•
13. Proposed Project:		
Start Date End Date	14. Congressional District of:	
Start Pate	Applicant: Project	t:
7/1/04 6/30/05	3 Califo	rnia - All
POTENTAL TED ELINIDALC.	16. Is the application subject to re	eview by the State
15. ESTIMATED FUNDING:	Executive Order (EO) 12372 proc	ess?
s Federal \$150,000	a YES: X This applie	ation/preapplication was made
a. I cdclai	available to the Stat	e EO 12372 process for
0. 1tpp://doi.	review on:	
c. State \$57,100		May 13, 2004
d. Local	b. NO: Program is a	not covered by EO # 12372
e. Other \$0	D. NO: Program is	s not been selected by the
f. Program Income \$0		
	state for rev	
g. TOTAL \$207,100	17. Is the applicant delinquent or	any rederal debt!
<u>.</u>	YES, attach explanation	_x_ NO
<u>. </u>		- PRINCIPAL AND
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A	ALL DATA IN THIS APPLICATION/PR	REAPPLICATION ARE
THE POPULATION OF THE POPULATION OF THE PROPERTY OF THE POPULATION	IL A ATTHORIZED BY THE GOVERN	ING DOWNS OF THE
TRUE AND CORRECT, THE DOCUMENT THAS BEEN DO APPLICANT, AND THE APPLICANT WILL COMPLY WI	TH THE ATTACHED ASSURANCES I	F THE ASSISTANCE
IS AWARDED.		
	b. Title:	c. Telephone Number
a. Typed Name of Authorized Representative	Executive Director	
Celeste Cantú	Datedit of Britain	
		e. Date Signed:
d. Signature of Authorized Representative		
		Standard Form 424 (Rev 7-9

OMB Approval No. 0348-0043

APPLICATION FOR FED	ERAL ASSISTANCE	2. Date Submitted		Applicant Identifier
1. Type of Submission:		3. Date Rec'd by Stat	e	State Application Identifier
	pplication			R9 Tracking #04-317
Construction _X_ Nonconstruction	Construction Nonconstruction	4. Date Rec'd by Fed	eral	Federal Identifier
5. Applicant Information:		Organizational Unit:		**
Legal Name and Address:		Central Coast Region		ontrol Board
(give city, county, state, and zip		Name and telephone of		
1001 I Street, Sac	ramento County	involving this applica Lisa McCann	tion (give area codi	e).
Sacramento, Calif		(805) 549-3132		
6. Employer Identification Nun	aber (EIN): 680281986	7. Type of Applicant: A. State		letter)A lent School District
6. DUNS Number: 808323	.913	B. County		tute of Higher Learning
8. Type of Application:		C. Municipal	J. Private U	-
X New Revision	Continuation	D. Township	K. Indian Ti	ribe
If Revision, enter appropriate le	tter(s):	E. Interstate	L. Individue	al .
A. Increase Award	B. Decrease Award	F. Intermunicipal	M. Profit O	rganization
	D. Decrease Duration	G. Special District	N. Other (sp	pecify)
Other (specify)	_			
10. Catalog of Federal Domesti	c Essistance Number V E	9. Name of Federal A U. S. E	agency: nvironmental Prote	ction Agency .
00.403		1. Descriptive Title	of Applicant's Proj	ant.
Title: Water Quality &	pperative Agreements	Descriptive Title	of Applicant's Froj	ect.
	MAY 13 2004	To perform investigat	ion, documentation	n, communication and
12. Area Affected by Project:				
(cities, counties, states, etc.)	THE REPUBLIC LIQUE	Pajaro River Watersh	ed. This project wi	ill address four sediment
California's Centr	L A EEs Chefia RING HOUS	Histings on California'	s 2002 303(d) List	of Impaired Waters.
13. Proposed Project:				
Start Date	End Date	14. Congressional D		·•.
7/1/04	6/30/05	Applicant:	Project:	•
		3	California -	
15. ESTIMATED FUNDING:		16. Is the application		by the State
. Padami	670.000	Executive Order (EO) a. YES: X		eapplication was made
a. Federal	\$70,000 \$0		le to the State EO 1	
b. Applicant c. State	\$25,000	review		
d. Local	\$23,000	Teview	Date: May l	13 2004
e. Other	\$0 \$0	b. NO:		ered by EO # 12372
f. Program Income	\$0		Program has not be	-
i. Trogram meeme	Ψ.0		state for review.	son serected by the
g. TOTAL	\$95,000	17. Is the applicant d		ederal debt?
	,	YES, attach e		X NO
18 TO THE REST OF MY KN	NOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLIA	CATION/PREAPPI	LICATION ARE
	DOCUMENT HAS BEEN DULY			
	LICANT WILL COMPLY WITH			
IS AWARDED.				••
a. Typed Name of Authorized I	Representative	b. Title:		c. Telephone Number
Celeste Cantú	•		ive Director	(916) 341-5615
d. Signature of Authorized Rep	resentative			e. Date Signed:

May.12. 2004 2:05PM SAN RAFAEL POLICE DEPT. No.8848 Version 9/03 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE 05/12/2004 State Application Identifier 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE Preapplication 05/17/2004 Application | | Construction Construction s date receives by feceral agency Figgleral lager than ✓ Non-Construction Non-Construction Organizational Unit: 5. APPLICANT INFORMATION Department: Police * Legal Name: City of San Rafael * Organizational DUNS: 0824474590000 Division: Name and telephone number of person to be contacted on matters involving Address: this application (give area code) ^ Street1: P.O. Box 151580 * First Name: Lynne Prefix: 1400 Fifth Avenue Street2: Middle Name: Elisabeth * City: San Rafael County Marin * Last Name: Oblson * Zip Code: 94915-1788 * Country USA • State: * Email: |lynne.ohlson@srpd.org Suffix: 6. * EMPLOYER IDENTIFICATION NUMBER (EIN) Fax Number (give area code) Phone Number (give area code) 4115-458-5301 415-485-3000 94-6000424 TYPE OF APPLICANT: City or Township Government 8. TYPE OF APPLICATION: Revision Choler (specify) **V** New ☐ Continuation MAY If Revision, enter appropriate letter(a) in box(es 9, " NAME OF FEDERAL AGENCY: B. Decrease Award C. Increase Duration A. Increase Award white William V DIVIC D. Decrease Duration Other (specify): Community Oriented Policing Services 10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE 16.710 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TITLE: Public Safety Partnership and Community Policing Grants The San Rafael Police Department will hire two entry level officers into the Patrol, freeing two veteran officers to work as School Resource Officers in 12. " AREAS AFFECTED BY PROJECT the middle and high schools. (Citios Counties States etc.): City of San Rafael, CA 14. * CONGRESSIONAL DISTRICTS OF: 13. * PROPOSED PROJECT: * b. Project * a. Applicant * Start Date Ending Date 6 6 06/30/2007 07/01/2004 15. " ESTIMATED FUNDING: 18, IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 250 000 00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON . 418.700.00 * b, Applicant \$ DATE V YES 05/17/2004 * c. State 126,544.00 S PROGRAM IS NOT COVERED BY E.O. 12372 * d. Local \$ 0.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 0.00 e. Other \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? * f. Program Income 0.00 5 Yes If "Yes," attach an explanation. g. TOTAL 798,244,00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAB BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Middle Name Elisabeth * First Name: a. Authorized Prefix: Lynne Representative

b. Title: Management Analyst

* Email: lynne.ohlson@srpd.org

d, Signature of Authorized Representative:

* Last Name:

Ohison

Suffix:

415-458-5301

415-485-3043

e. Date Signed: Completed on automission to Grants.gov

c, Telephone Number (give area code);

Fax Number (give area code):

Completed on submission to Grants.gov

Standard Form 424

APPLICATION FOR	-			OMB Approval No. 0348
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED		Applicant Identifier
		<u>_</u> .		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication		<u> </u>	
Non-Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identiller
5. APPLICANT INFORMATION	Non-Construction		<u> </u>	CA-90-4296
Legal Name:	A CONTRACTOR OF THE STATE OF TH	<u> </u>		A Committee of the Comm
	ey Transit Au	thority	Organizational Unit:	
Address (give city, county, Stat	The second secon		Alama and talahana	
1031 West Ave			this application (give at	number of person to be confected on matters invo
Lancaster, CA		39	11: 1 7 .	
<u> </u>			661-726	ningham -2616 Ext. 209
6. EMPLOYER IDENTIFICATION		2 2004	7 TYPE OF APPLICA	NT: (enter appropriate létter in box)
95-437	7119			G
8. TYPE OF APPLICATION:	Code Valentas OI	P872 (1 200) 1 / 4 (1)		H. Independent School Dist.
	_ STATE CL	EARING HOU.		I. State Controlled Institution of Higher Learning J. Private University
□ Ne	w Continuation	- Revision		J. Private Oniversay K. Indian Tribe
Il Revision, enter appropriate let	ter(s) in box(ea)		19, 10, 17,	L. Individual :
				M. Profit Organization
A Increase Award B. Dec	orease Award C. Increase	Duration	G. Special District 1	N. Other (Spacify)
D. Decrease Duration Other	(вресну):		******	LACUAN
		. 9	9. NAME OF FEDERAL	rtment of Transportat
10 10 10 10 10 10 10 10 10 10 10 10 10 1				cansit Administration
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NIO	IDRO.		E OF APPLICANT'S PROJECT:
Federal Transi	tFormula La			sistance for the purch
Grants (Urban	Area Formula	0-507		went commenter coaches
10 ADRAG ACEPTER BY PRO			لماء المحادم باعد	是是是APPE 人。
12 AREAS AFFECTED BY PRO Antelope Valle	NECT (Cities, Countles, State	s, sh);	commeter co	caches; and additions of the construction of facility.
Los Angeles Co	unty. Califor	nia	funding for	othe construction of
	14. CONGRESSIONAL DIST	RICTS OF	MAINT F DPS	Teeth y.
			a m	grand and the second
Start Date Ending Date 2-02 9-04	a. Applicant	Ł	o. Project 25	
2-02 9-04 16. BSTIMATED FUNDING:	25			
IC COMMITTED PORPHIGE		1		JBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$ (1.1)		ORDER 12372 PRO	CE997
	5,446,0	01 .	n VEG THIS DREADS	PLICATION/APPLICATION WAS MADE
b. Applicant	\$ 7.4% (1) (2) (2) (3) (4)			O THE STATE EXECUTIVE ORDER 12372
	and the second second second		1.44	DA REVIEW ON:
c, State	\$.**		
1. Local			DATE	· · · · · · · · · · · · · · · · · · ·
2 2004	1,361,50		المرابع المنافع المناف	
o, Other	8			IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY STATE
		· .	FOR REVIEW	
: Program Income	\$	Ġt)	TOITIETIE	
		1	7. IS THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?
I. TOTAL	\$ 1-907 -	60		
A TO THE DECT OF LOCAL	6,807,50	4	Yes If "Yes," atta	The state of the s
OCUMENT HAR REDUINING V	LEDGE AND BELIEF, ALL D	ATA IN THIS APPLICAT	TOWPREAPPLICATION	NARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF T	NOTHORIZED BY THE MOVE	ひいいじ グレシス マミメバニ マ	APPLICANT AND THE	APPLIOANT WILL COMPLY WITH THE
. Type Name of Authorized Repre	sentative	ED. Tille	 	Telephone Number
Ronald D. Cunn	ingham	Finance Mar	ager 6	661-726-2616 Ext 209
Signature of Authorized Repress	ntativa			Oate Signed -
revious Edition Usable	engle	ne		5-12-04
uthorized for Local Reproduction				Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	· · · · · · · · · · · · · · · · · · ·	(Applicant Iden	Version 7/03
		5/12/70	<u> </u>	Olave Gastinat	lan Idanii Gad
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applicat	
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ner
Non-Construction	☐ Non-Construction_				
5. APPLICANT INFORMATION			Oi-offeed line	I-	
Legal Name; Youth Po	licy Institu	ate (YPI)	Organizational Unit Department:	L.	•
Organizational DUNS: 022	319342		Division:		
Address:			Name and telephor		rson to be contacted on matters
Street: 634 South	Spring St. S	Suite 818	Prefix: Mr.	First Name:	Dixon
	J. G. G.	F R NA FI	171 July -		DIXOU
City: Los Angeles			Middle Name Last Name		
County: Los Angeles	s n\		Last Name S1.	ingerland	đ
State: CA	Zip Code 90001/2	1 2 2004	Suffix:		And the second Michigan Construction of the second
Country: United State			Emall:dslinge		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EM)	ADIMO HOHOE	Phone Number (give		Fax Number (give area code)
	05 2H IZV 8C	BARINO MUUDE	213-688-2		213-688-2942
8. TYPE OF APPLICATION:		:	7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
. 🗆 Nev	Continuation	n 🗌 Revision		•	
if Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)	, .	
Other (specify)	, <u>L.</u>	L.J	9. NAME OF FEDE	RAL AGENCY:	•
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	(CANT'S PROJECT:
			Valley	Faith-Ba	sed and
TITLE (Name of Program):		04-103	Communi	ty Initi	ative
12 AREAS AFFECTED BY PR	OJECT (Cities, Countles	; Statos, etc.):	•		·
13. PROPOSED PROJECT	T-U-B-		a, Applicant		
Start Date: 7/1/04	Ending Date: 6/.	30/05	CA.	-34	CA-20
15. ESTIMATED FUNDING:			ORDER 12372 PRO	CESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$. 10	00,000 ^{.00}	a. Yes. M THIS PI	REAPPLICATION BLE TO THE ST	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		22,500 .00		SS FOR REVIEW	
c. State \$.00	· DATE:	5/12/0	4
d. Local \$		43,418 .00	D. NO. □		ÆRED BY E. O. 12372
e. Other \$.00	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$.00.			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	10	.00 55,918	☐ Yos If "Yes" atte		
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF T	LICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	TRUE AND CORRECT, THE INT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF 1	THE ASSISTANCE IS A	WARDED.			
a. Authorized Representative Prefix Mr -	First Name Dix	on	Midd	le Name	
Last Name Slinge	<u> </u>		Suffi	(
b.Tille Direct	or			lephone Number	· ·
d. Signature of Authorized Repre	sentative ()	- ~		ite Signed	6-
<u> </u>				371	2/ - 124 (P - + 2 2002)

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

5302457160

Applicat	tion	for	
Federal	Ass	ista	nce

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

Type of Submission	Submitted 05/13/2004 4, HUD Application Number
	and Time Received by HUD 5. Existing Grant Number B-04-MC-06-0033
	8. Applicant Identification Number
7, Applicant's Legal Name City of Redding	8. Organizet onal Unit Local Government
9. Address (give city, county, State, and zip code) A. Address: 777 Cypress Avenue B. City: Redding C. County: Shasta D. State: CA	 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Don Meek B. Title: Housing Program Supervisor C. Phone: (530)225-4121
E. Zip Code; 96001	D. Fax: (530)245-7160 E. E-mail: dmeek@ci,reddlng.ca.us
11. Employer Identification Number (EIN) or SSN 94-6000401	12. Type of Applicant (enter appropriate letter in box) A. State I. University or College B. County J. Indian Tribe
13. Type of Application X New Continuation Renewal Revision	C. Municipal K. Tribally Designated Housing Entity (TOHE) D. Township L. Individual E. Interstate M. Profit Organization
If Revision, enter appropriate letters in box(es) A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify) 14. Name of Federal Agency
15 Corplant Fortuni Demotile Anni 19 10 10 10 10 10 10 10 10 10 10 10 10 10	U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 218 Title: HOME Investment Partnership Program Component Title:	16. Descriptive Title of Applicant's Program 2004 CDBG Program includes Housing Rehabilitation, Public Service Activities, ADA Improvements, and Public Facilities and Improvements.
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Redding	
18a. Proposed Program start date 7/1/04 18b. Proposed Program and date 6/30/05	Program
20. Estimated Funding: Applicant must complete the Funding Matri	ix on Page 2.
Program has not been selected by State for review.	octess? o the State Executive Order 12372 Process for review on: Date 5/12/04
22. Is the Applicant delinquent on any Federal debt? X No Yes If "Yes," explain below or attach an explanation.	RECEIVED MAY 1 2 2004
	STATE CLEARING HOUSE

	F	u	n	d	ir	ıg	M	atr	ΊX
--	---	---	---	---	----	----	---	-----	----

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

5302457160

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribat Share	Other	Program Income	Total
CDBG	1,006,000.00	0.00	0.00	DO. Q	0.00	0,00	0.00	800,000,00	1,306,000,00
Prior Year \$	26,124,00				,				26,124.00
									0.00
		·				,	·		0.00
									0.00
Grand Totals	1,032,124.00	0.00	0.00	0.00	0.00	0.00	0.00	300,000,00	1,332,124.00

For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

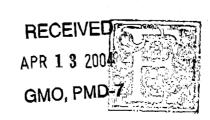
Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian Tibles and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all Information in this application is true and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signatury of Authorized Official	Name (printed)	Michael Warren
Title City Manager		Date (mm/dd/yyyy) 05/10/2004

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	AL ASSISTANCE 2. DATE SUBMITTED 04-07-04		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier ·
Application	Pre-application	4. DATE RECEIVED BY	FERENAL AGENCY	Federal Identif	iar
Construction	Construction	S DATE RECEIVED BY	EDEIOCE ACEITO	1 COCIAI IOCIIA	
Non-Construction 5. APPLICANT INFORMATION	U Non-Construction				
Legal Name:			Organizational Unit:		
Twenty-Nine Palms Band of Mis	sion indians		Department: Tribal EPA		
Organizational DUNS:			Division:		
12-948-6523	part -	THE FILE			
Address:	DE G'E	4-W B_1n1+	Name and telephone involving this applica		rson to be contacted on matters
48-200 Harrison Place	111111111111111111111111111111111111111		Prefix;	First Name:	
Cinc	1151		Dr. Middle Name	Marshall	
City; Coachella	MAY 1	1 2004 1	K.		
County: Riverside			Last Name Cheung		
State: CA	Zip Code 92236	TOING HOUSE	Suffix: Ph.D.		
Country: U.S.A.	DIAIL VEW	The second secon	Email: tribal-epa@worldnet.s	att.net	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give ar		Fax Number (give area code)
93-1175797]		760-398-6767		760-398-0046
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	INT: (See back	of form for Application Types)
Nev	Continuation	n 🔲 Revision	κ		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)		
(296 pack or form for description	Of rotte(s.)		Cirie (specify)		
Other (specify)	· · · · · · · · · · · · · · · · · · ·		9. NAME OF FEDERA U.S. EPA	L AGENCY;	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TO	LE OF APPLI	CANT'S PROJECT:
		66-463	Twenty-Nine Palma B		
TITLE (Name of Program): Water Pollution Control Program	_		EPA CWA §104(b)(3)	Grant Program	
12. AREAS AFFECTED BY PR		States etc.)*			
Riverside County, City of Coach	•	, ,			
13. PROPOSED PROJECT	Cha, 23 I dillo moiali i te		14. CONGRESSIONA	I DISTRICTS	ne:
Start Date:	Ending Date:		a. Applicant	2010111010	b. Project
07-01-04	06-30-05		44		44
15. ESTIMATED FUNDING:			ODDED 12172 DOOCH	2000	REVIEW BY STATE EXECUTIVE
a. Federal \$		85,000	THIS PRE	APPLICATION	APPLICATION WAS MADE
b. Applicant \$		85,000	AVAILADI	LE TO THE STA S FOR REVIEW	TIE EXECUTIVE ORDER (20/2
		0	DATE: 5		
c. State					
d. Local \$, w	b. Navie PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other \$		·W	OR PROG FOR REV		T BEEN SELECTED BY STATE
f. Program Income \$		- uv			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		85,000 °	Yes If "Yes" attach	an explanation	, 🗷 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS APP	LICATION/PREAPPLIC	CATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
B. Authorized Representative	TIE AUGIOTANCE IS A	ייאויי.			
Prefix Mr.	First Name Dean		Middle	Name	
Last Name Mike	1		Suffix		
b. Titie				hone Number	(give area code)
Tribal Chairman d. Signature of Authorized Repre	contotive A	1200		3-2444 Signed	
и. Эідпвічта от Авіпол хео Керге 	Solitative VIAII	YHILL	04-07-		

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102



APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	(CE	2. DATE BUBMITTED 5-13-0) 4	Applicant (dentifier
1, TYPE OF SUBMISSION: Application	Prespolication	3. DATE RÉCEIVED BY	STATE	State Application Identifier
Nen-Construction SAP-LICANT INFORMATION	Construction Non-Construction	4 DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifler
			Ompairational Links	
Legal Name: Lutheran Soc	cial Servic	es So. Ca.	Los Ange	eles County North
Address (give city, county, State,	and zip vode):		Namo and telephone	number of person to be contacted on matters involving
1501 Oranget Fullerton, (#250	this application (give a	o'Garro 818-9012824
E. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate latter in box)
9 5 - 2 2 2 2 5	7 98		A State	H. Independent School Dist.
B. TYPE OF APPLICATION		Revision	B, County C, Municipal D. Township	State Controlled Institution of Higher Learning Frivate University K. Indian Tribe
If Rovision, enter appropriate lette	U) [E. Interstate	L individual M. Fraft Organization N. biher (Specity) Non Profit Or
A Increase Award B. Detr D. Decrease Duration Others	ease Award C. Increas	2004	G, Special District	
		LOG I	1	of Labor - VETS
10. CATALOG OF FEDERAL DE	MESTIC ASSISTANCE N	UMPSH: LIOIICE	11 DESCRIPTIVE TO	ITLE OF APPLICANTS PROJECT:
	STATE CLEAR	पांच्या प्रकारिक न		
	uppl. Grant		// Vetera:	ns Employment and
12 AREAS AFFECTED BY PRO	JECT (Cition Counting St	area eleji	Traini	ng Program
Los Angeles				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF: 25,	27, 28	
6-30-04 6-29	e. Applicant - 05		b. Praject	
is, estimated funding:			16, IS APPLICATION ORDER 12872 P	N SUBJECT TO REVIEW BY STATE EXECUTIVE POCESS?
a. Foderal	\$82,54	4 "	VED ING DOC	ADDI POLITICANO DEL POLITICA MADE
b. Applicant	\$,30	AVAILABL	APPLIDATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:
c. Siale	6	,00	-	5-13-04
d, Locat	\$		D. No. PROGR	IAM IS NOT COVERED BY E. O. 12972
e. Other	\$		OR PRO	XYRAM HAS NOT BEEN SELECTED BY STATE XYIEW
f. Program Income	5	. 60	17. IS THE APPLICA	INT DELINQUENT ON ANY FEDERAL DEBT?
	\$82,54		Yes If Yes,"	attach en explanation.
g. TOTAL				
18, to the best of my know Document has been duly	VLEDGE AND BELIEF, AL AUTHORIZED BY THE G	L DATA IN THIS APPLIC		THON ARE THUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
18, to the best of my knov document has been duly attached assurances if	VLEDGE AND BELIEF, AL AUTHORIZED BY THE G THE ASSISTANCE IS AW	IL DATA IN THIS APPLIC OVERNING EODY OF TA ARDED.		THE APPLICANT WILL COMPLY WITH THE
18, TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF D. Type Name of Authorized Ropi	VLEDGE AND BELIEF, AL AUTHORIZED BY THE G THE ASSISTANCE IS AW	L DATA IN THIS APPLIC OVERNING EODY OF TH ARDED. D. TILLE		THE APPLICANT WILL COMPLY WITH THE

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

d. Signature of Authorized Completed on submission to Grants.gov

e. Date Sighed: Completed on submission to Grants.; ov

d. Signature of Authorized Representative

FEDERAL ASSISTANCE		2. DATE SUBMITTED May 6. 2004		Applicant Identifier Year 3 of 5 option years		
	T	3. DATE RECEIVED BY STATE		State Application Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application			Federal Identif	iar	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Ledetal loaum	101	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Unit			
Mission Community Services	Cornoration		Department: Women's Business	Partners	•	
Organizational DUNS:		,	Division:			
132438545			Name and telephor	e number of pa	rson to be contacted on matters	
Address: Street:			involving this appli	er <u>e avig) noite</u> a	a code)	
3566 S. Higuera St., Sulte 10	0		Prefix: Ms.	First Name: Andrea		
City: San Luis Obispo			Middle Name L.			
County:			Last Name Zeller			
San Luis Obispo	Zlp Code 93401-7350		Suffix:			
CA Country:	93401-7500		Email: andrea@mcscorp.c	org	,	
USA ' 6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give		Fax Number (give pree code)	
			805 595-1356		805-595-1358	
77-049460 8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
	ew Continuati	ion T. Revision	O. Not for Profit O	rganization		
If Revision, enter appropriate is (See back of form for description	etter(s) in box(@s) on of letters.)	. 1.1	Other (specify)			
Other (specify)		Ш	9. NAME OF FEDE U.S. Small Busines	RAL AGENCY:		
10. CATALOG OF FEDERAL	DOMERTIC ASSISTAL	NCE NUMBER			ICANT'S PROJECT:	
10. CATALOG OF FEDERAL			Momen's Rusiness	Partners provide	es training, technical assistance,	
	Women's Busin	10 4 3 page 15 9 page 13 page 15 page	leans and cumport	o unemployed the	inderemployed, low-moderate especially women and minorities to	
TITLE (Name of Program):			avpand their popor	tunities to own. II	nanage or operate business	
12. AREAS AFFECTED BY F			enterprises through Regions of Californ	lout the No. Cent	tral Coast and Central Valley	
12 county region through Call	โดเกเซร north Central Co	past and Central Valley.	14. CONGRESSIO			
13. PROPOSED PROJECT	Ending Date:		a Applicant		b. Project	
Start Date: September 15, 2004	September 14, 20	900	17,18, 19, 20, 21,	22 & 23	17, 18, 19, 20, 21, 22.:& 23	
15. ESTIMATED FUNDING:			ORDER 12372 PRO	CESS?	REVIEW BY STATE EXECUTIVE	
a Fariaral	\$	150,000 `	THIS P	REAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant	<u> </u>	00	7070	ESS FOR REVIE		
c, State	5	00,000	DATE:			
	\$	op .	PROGI	RAM IS NOT CO	VERED BY E. O. 12372	
d. Local	\$	52,500	D. No. 18.1		OT BEEN BELECTED BY STATE	
e. Other		· vo	[™] FOR R	FVIEW	ENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	- 00			P+4n	
g. TOTAL	\$	262.500	Yes If "Yes" atte			
DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES I	F THE ASSISTANCE IS	HE GOVERNING BUDY O	PPLICATION/PREAPF IT THE APPLICANT AP	THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
a. Authorized Representative	First Name			dle Name		
Profix Ms.	First Name Anita		M, Suff	ix	• E	
Last Name Robinson				elephane Numbe		
b. Tille MCS2 President & Chief Ex d. Signature of Authorized Re	ecutive Officer		80 e. D	5 782-5011 late Signed		
a. Signature of Authorized Re	presentane.		05	102/04	Standard Form 424 (Rev.9-200	

TYPE OF SUBMISSION: Application Pre-application Construction Non-Construction Non-Construction APPLICANT INFORMATION egal Name: Mission Community Services Corporation Organizational DUNS: 132438545 Address: 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Organizational Unit: Department; Women's Business Partners Division: Name and telephone number of person to be contacted on matters Involving this application (give area code)	(PPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ident Year 1 of	ifior 5 option years	
Pre-application Construction C		-	May 6, 2004	STATE			
Contrivution □ Construction □ Const	Application	enc.			Federal Identifi	dentifier	
APPLICANT INFORMATION Organizational Unit Destination Organizational Unit Destination Organizational Unit Organization							
Descriment Number (provincing Services Corporation	Non-Construction	<u> </u>					
Women's Business Perfiness Women's Business Performs Women's Business Women's Bu				Department:			
Oversity: Same and telephone number of parson to be contacted on matters travelying this application (give area code)	Mission Community Services (Corporation		Women's Business	Partners	·	
Name and telephone number of parents to be contacted on matters streets Page 5, Higuara St., Suite 100 Profix First Name Profix Profix First Name Profix	Irnanizational DUNS:			1			
Prefer P	132438545			Name and telephon	a number of pa	rson to be contacted on matters	
See Luis Obispo See Luis Obispo See Luis Obispo Sele: CA 33001-7350 Sele: CA 33001-7350 Sele: CA Suffic: Suffi	=+enate	0			First Name:	a come)	
Last Name Zaller Last Name Zaller Last Name Za	3566 S. Higuera St., Suite 10	· ·		Ms.	Andrea		
Source S	City:			r. Migdie Name			
San Luis Oblepo Sigle: CA Sigle: Si				Last Name			
COUNTY: USA BEMPLOVER IDENTIFICATION NUMBER (EIN): TO DESCRIPTION OF APPLICANTON NUMBER (EIN): TO New Continuation I Revision Other (specify) To CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: UNAME OF FEDERAL AGENCY: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. Small Business Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: U.S. Small Business Adminis	San Luis Oblspo	Zin Covie					
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805 595-1336 807 TYPE OF APPLICANT: (Saa back of form for Application Types) 8. TYPE OF APPLICANT: (Saa back of form for Application Types) 8. TYPE OF APPLICANT: (Saa back of form for Application Types) 9. New Continuation Continuat	B. EMPLOYER IDENTIFICATI	ON NUMBER (EIN);			area cod#)	-	
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Revision, enter appropriate letter(s) in box(es) See back of form for description of letters.)	8. TYPE OF APPLICATION:			7, TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)	
Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Woman's Rusiness Content Program: Woman's Rusiness Content Program: Woman's Rusiness Content Program: Woman's Rusiness Content Program: Woman's Rusiness Partners provides training, technical assistance, loans and support to unamployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to examinate the program to unamployed, underemployed, low-moderate income individuals and businesses, especially women and minorities to examinate to own, manage or operate business enterprises throughout the No. Central Coast and Central Valley. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 13. PROPOSED PROJECT Start Date: 13. PROPOSED PROJECT Start Date: 14. CONGRESSIONAL DISTRICTS OF: 3. Applicant 15. 19, 20, 21, 22 & 23 17, 18, 19, 20, 21, 22 & 23 17, 18, 19, 20, 21, 22 & 23 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? ACTAIN ALL BETT OF THE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 15. Applicant 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 17. IS THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AU HONIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AU HONIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AU HORIZED BY THE GOVERNING BODY OF THE APPLICATION AND THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AU HORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AU HORIZED BY THE GOVERNING BODY OF THE APPLICATIO	₽ N	ew Continual	llon Revision	O. Not for Prafit Or	ganization		
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Women's Business Partners provides training, technical assistance, loans and support to unemployed, underemployed, low-moderate income individuals and businesses, especially women and munorities to expand their opportunities to own, manage or openate business and proportunities to own, manage or openate business and	Other (specify)	—		U.S. Small Busines:	s Administration		
Women's Rusiness Cathers Program: Women's Rusiness Cathers Program: Women's Rusiness Cathers Program: Women's Rusiness Cathers Program: Unans and support to unemployed, underemployed, under u	10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:				
12 county region through Californias Form Certain Cert	12, AREAS AFFECTED BY F	PROJECT (Cities, Coun	ties, States, etc.):	loans and support to income individuals expand their opport enterprises through	o unemployed, u and businesses, unities to own, m out the No. Gent	nderemployed, low-moderate especially women and minorities to nanage or operate business	
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DATE: Solution So				ORDER 12372 PRO	CESS?		
C. STRIE 3 5,000 DATE: d. Local 5 40,000 D. NO. PROGRAM IS NOT COVERED BY E. O. 12372 D. NO. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? D. TOTAL S 225,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AU I HORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Profix Mis. Diffix Suffix C. Telephone Number (give area code) B05 782-5011 B. Date Signed	a. Federal	\$	150,D00 ⁰⁰	AVAILA	ABLE TO THE ST	TATE EXECUTIVE ORDER 12372	
d. Local \$ 40,000 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 a. Other \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 225,000 Pes if "Yes" attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative First Name Anita Eigst Name Robinson D. Title MCSC President & Chief Executive Officer B. D. Telephone Number (give area code) B. D. Tate Signed	b. Applicant	\$	35,000	PROCE	292 FOR REVIE	VV OIN	
40,000 a. Other f. Program Income g. TOTAL s. 225,000 To the Best of MY knowledge and Belief, all Data in this application/preapplication are true and correct. The Document has been duly authorized by the governing body of the applicant and the applicant will comply with the Attached Assurances if the Assistance is awarded. a. Authorized Representative Profix Middle Name Robinson b. Trile MCSC President & Chief Executive Officer Analogous Authorized Applicant And The Applicant And The Applicant And The Applicant And Analogous Andrew Middle Name M. C. Telephone Number (give area code) Bus 782-5011 Bus 25 girled	c. State	3	, IIO				
f. Program Income g. TOTAL \$ 225,000 Tyes If "Yes" attach an explanation. In the Best of My knowledge and belief, all data in this application/preapplication are true and correct. The Document has been duly authorized by the governing body of the applicant and the applicant will comply with the ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Profix Ms. Robinson D. Title MCSC President & Chief Executive Officer MCSC President & Chief Executive Officer ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. C. Telephone Number (give area code) 805 782-5011 a. Date Signed	d. Local	\$	40,000	D. NO. M.J			
g. TOTAL \$ 225,000 If yes if "Yes" attach an explanation. If yes if y	a. Other	\$		L FOR R	EVI EW	```	
g, TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Authorized Representative Profix Ms. Profix Ms. Profix Name Anita Suffix C. Telephone Number (give area code) 805 782-5011 a. Date Signed	f. Program Income	\$		17. IS THE APPLIC	ANT DELINQUI		
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Profix Ms. First Name Ms.	DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES	IF THE ASSISTANCE	IEF, ALL DATA IN THIS A HE GOVERNING BODY O	PPLICATION/PREAPF F THE APPLICANT AN	LICATION ARE O THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
Last Name Robinson D. Title MCSC President & Chief Executive Officer MCSC President & Chief Executive Officer But 782-5011 a. Date Signed	a. Authorized Representative Profix	First Name			ile Name		
b. Title MCSC President & Chief Executive Officer 805 782-5011 a. Date Signed	Last Namo	Allia		Suff			
H. Date Signed	h Titin	recutive Officer		_80	5 782-5011	er (glva area code)	
	d. Signature of Authorized Re	presentative					

Standard Form 424 (Rov.0 2003) Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR				· .	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 6. 04 3. DATE RECEIVED BY		Applicant Identifier	_
1. TYPE OF SUBMISSION: Application	Pre-application			State Application Identific	er
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
		01 - C1 1	Organizational Unit		
[CILY OL .	Los Angeles (as fiscal	Department:	-	
Organizational DUNS:	r city of IA	WIB)	Community Division:	- E	
Address:			Workforce	Dev. Div	
Street 215 W. 6th	Strant Lauk	ק מת ח בום		e number of person to be ation (give area code)	
ZIJ W. OLII	Street, 19th	FE [V E	Prefix	First Name:	
City: Los Angeles		1,1	Middle Name	<u>Manny</u>	
County:	- Hn St	2000	Last Name		
Los Angeles	171-00-101	<u>Y 10 2004 </u>	Cha	vez	
CA	Zip Code 90014		Suffix:		
Country:			Email: mchavez	@cdd.lacity.o	200
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	I FARING HO	Phone Number (give a		per (give area code)
	95-6000735	Pro Paul III VIII A Committee	(213) 485	-6806 (213)	473-5553
8. TYPE OF APPLICATION:	33 3000133		7. TYPE OF APPLIC	ANT: (See back of form to	r Application Types)
Q Nov	y 🔲 Continuation	Revision		·	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(BB)		Other (specify)	C.	
			1	-	
Other (specify)			9. NAME OF FEDER	AL AGENCY:	Lobor
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	Department of TLE OF APPLICANT'S PE	ROJECT:
Employment and	Training		Seamless Er	mployment Oppo	rtunities
TITLE (Name of Program): WOTKTOT 12. AREAS AFFECTED BY PR	oo Teesaatiii aa	04-103		Serve Indivi	
12. AREAS AFFECTED BY PR	OJECT (Cities Counties	States etc.)	through the	e City of Los	Angeles
		,	Work Source	≧ &ystem,Colla	borating FBCO'
City of Los .	uriker#3		14. CONGRESSIONA	L DISTRICTS OF:	
Start Date: 07/01/04	F	01/05	a. Applicant	h Project	Pily 32-35,27,
15. ESTIMATED FUNDING:	02)	34, 42	16. IS APPLICATION	3.35-38 Prima	Y STATE EXECUTIVE
a, Federal		· · · · · · · · · · · · · · · · · · ·	ORDER 12372 PROC	E\$\$?	
	599,697)		APPLICATION/APPLICAT LE TO THE STATE EXECU	
b. Applicant	236,550	.00	PROCES	FOR REVIEW ON	.,
c. State §		.00	OATE:	05/06/04	
d, Local \$.00	PROGRA	M IS NOT COVERED BY E	≣. O. 12372
e. Other			D. NO.		1
	· · · · · · · · · · · · · · · · · · ·	,00	FOR REV	ram has not been se IEW	
1. Program Income \$.00	17. IS THE APPLICA	T DELINQUENT ON ANY	FEDERAL DEBT?
g. TOTAL S		.00	Yes If "Yee" attach	an explanation	⊠ No
18, TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE C	KOVERNING RADY OF T	ICATION/PREADDIN	ATION ARE TRUE AND	CORPECT THE
a. Authorized Representative Prefix			k.,		
	First Name Cliff	ord	Middle	Name T _o 7	
Lest Name	Graves		Suffix	- W	
ı. Tille			c. Teler	hope Number (alve area cor	da)
GENE I. Signature of Aythorized Repres	eral Manager			hone Number (glye area con 13) 485~1617	
- Literation	TW I	and h	e. Date	05/06/04	
Pravious Edition Useb)	.	8	-		Form 424 (Rev.9-2003) by OMB Circular A-102

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 29, 2004		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier	
Construction	Construction	THE RESERVED DI	I EDERAL AGE	1 odoran doman		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizationa	l Unit:		
Onesimo and Imelda Garcia	T O F I	WED	Department:			
Organizational DUNS:		<u> </u>	Division:	A A A A A A A A A A A A A A A A A A A		
Address:					rson to be contacted on matters	
Street: 111511 Braddock Drive	MAY 10		Involving this Prefix:	application (give are First Name:	a code)	
			N. C. L.	Rex		
City: Culver City	TEN 200 A P.C.	IN HALICE	Middle Name			
County: Los Angeles County	STATE CLEAR	INCHOOM	Last Name Nathan			
State: California	Zíp Code 90230		Suffix:			
Country: USA			Email:			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)	
			(310) 365-4425			
8. TYPE OF APPLICATION:	F	y	7. TYPE OF AF	PPLICANT: (See back	of form for Application Types)	
V New If Revision, enter appropriate lette		n Revision	Individuals			
(See back of form for description			Other (specify)			
Other (specify)				EDERAL AGENCY: Housing & Urban Deve	elopment	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:	
		1 4-1 1 2			Project. The project will contain	
TITLE (Name of Program):			spa, Gym/exce	rise room balconies, p	lay area, on site tenant and guest _ BE LOCATED AT 4615 WEST	
Mtg. Insurance for Construction 12. AREAS AFFECTED BY PRO					S, CALIFORNIA 90043	
	, ,	, States, etc.).				
Los Angeles City and Los Angel	es County ————————————————————————————————————		44 00000000	OLONIAL DISTRICTS	05.	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project	
December 2004	December 2005		33		33	
15. ESTIMATED FUNDING:	•		00000	DD00E000	REVIEW BY STATE EXECUTIVE	
a. Federal \$	6 7	96 200 ·	ORDER 12372	IS PREAPPLICATION	/APPLICATION WAS MADE	
b. Applicant \$		86,300	٦ ^v	AILABLE TO THE STA	TIL EXECUTIVE ORDER 12012	
c. State \$	1,2	00,000	DA	TE: March 29,2004		
d. Local \$. 00	DD	,	ERED BY E. O. 12372	
			b. No.		T BEEN SELECTED BY STATE	
e. Other \$			FO FO	R REVIEW		
f. Program Income \$			17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$,	86,300 ^{.00}	1	attach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PRE	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name			Middle Name		
Last Name	Rex			Suffix		
Nathan				c. Telephone Number	(aivo area coda)	
b. Title Project Manager d. Signature of Authorized Bonro				nate Signed	(Bive area code)	

APPLICATION FOR				Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier
6 Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	☐ Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
Cal Contina	(NICATIONS S	SERVICES, INC.		ELEMEDICINE
	6016089		Division:	eta me pacin
Adress:	00,0007		Name and telephone	e number of person to be contacted on matters
Street GOO NILS	HIRE BLUID	# 500		cation (give area code)
700 10		r	Prefix: D /2	First Name: ANTHONY
City LOS ANG		G N W G E	-Middle Name	,
County LCS ANG	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			IKE
State CALIFORNIA	Zip Code 500	017	Suffix: 52	
Country:	MAY MAY	TU 2004 L	Email: CECOL	the la content nel
6. EMPLOYER IDENTIFICATIO	. ' '		Phone Number (give a	rea code) Fax Number (give area code)
95-4719124 8: TYPE OF APPLICATION:	STATE CLE	APING HAITE		J 734 ろよろ スケッ らでんと ANT: (See back of form for Application Types)
	Continuatio	./11\11\0\11\0\0\0\1 n		CR GANIZATECN
If Revision, enter appropriate letti (See back of form for description	er(s) in box(es)		Other (specify)	
Other (specify)			9. NAME OF FEDER	AL AGENCY: US A
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJECT:
			INTERGR	ATED RULAL HEALTH
TITLE (Name of Program):			INFORMA	TICON AND TELEMIC DICINE
AREAS AFFECTED BY PRO		s, States, etc.):	SYSTEN	n (IKHITS)
CALIFOR	INIH			
13. PROPOSED PROJECT	15 1: 5.		14. CONGRESSION	AL DISTRICTS OF:
Start Date: 8/1/2014	Ending Date:	12005	a. Applicant 3 4	
15. ESTIMATED FUNDING:		101		SUBJECT TO REVIEW BY STATE EXECUTIVE ESS?
a Federal \$	347,9	98	a. Yes. 🖸 THIS PR	EAPPLICATION/APPLICATION WAS MADE ILE TO THE STATE EXECUTIVE ORDER 12372
b Applicant \$			1	S FOR REVIEW ON
State \$.00	i	4/30/2004
d. Local \$.00	1	AM IS NOT COVERED BY E. O. 12372
e. Other \$	152	200	FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g TOTAL \$	499,9	98	Yes If "Yes" attacl	•
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREAPPLI THE APPLICANT AND	CATION ARE TRUE AND CORRECT. THE THE APPLICANT WILL COMPLY WITH THE
Prefix	First Name AN	THONY	Middle	Name C
Last Name	DIKE	1.00-	Suffix	
b Title C/HA/R			c. Tele	ephone Number (give area code) 3 = 3 スラスマステム
d Signature of Authorized Repre	sentative	Du	e. Dat	e Signed 4/30/2007
Previous Edition Usable Authorized for Local Reproductio	n ·	•		Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	/		1		Version 7/03
EDERAL ASSISTANCE		2. DATE SUBMITTE	04/27/2004	Applicant Iden	ifier
. TYPE OF SUBMISSION:		3. DATE RECEIVED		State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Identif	ier
☐ Construction	☐ Construction				2222 (Rev 0)
Non-construction . APPLICANT INFORMATION	│ □ Non-construction J	1			LLLL (ICCV 0)
egal Name:	<u> </u>		Organizational Un	it:	
Southern California Triba	l Chairman's Associ	ation	Department:		
Organizational DUNS:	08-092-4640		Division:		
ddress:		П 00 ГЭ Г	Name and telepho	ne number of per	son to be contacted on matters
treet: PO Box 1470			involving this app	First Name:	code)
			Mr.		Jack
ity: Valley Center	IIIII MAY 1	0 2004	Middle Name:		
ounty:	 		Last Name:		
San Diego	Zip Code:		Suffix:	ard	
State: CA	110-1-192082-11	NINO HOUSE	Guina.		
Country:	DIAIL CLEA	AINO HOUSE	iv	ard@sctdv.net	
. EMPLOYER IDENTIFICATI	ON NUMBER (EIN)		Phone Number (gi		Fax Number (give area code):
23-7161267			760 - 742 - 86	06 Ext 102	760 - 742 - 8610
TYPE OF APPLICATION:					of form for Application Types)
Revision, enter appropriate le See back of form for description	etter(s) in box(es)	on Revision	Other (specify) C	BO/ Tribal Org.	
other (specify)			9. NAME OF FED	ERAL AGENCY:	ormation Administration
IO. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Te			(CWET) seeks	to change the nent and unemp	Enterprise in Technology conditions that lead to loyment proactively and to a among our communities.
San Diego County					
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS	
Start Date: 10/01/2004	End Date:	0/2007	a. Applicant:		b. Project: 48,49,50,51,52
15. ESTIMATED FUNDING:	03/30	5/2001	16. IS APPLICAT		REVIEW BY STATE EXECUTIVE
	la la	00	ORDER 12372 P	ROCESS?	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
a. Federal	\$	695,100 ^{.00}	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
o. Applicant	\$	215,300 ^{.00}		CESS FOR REVIE	V ON
c. State	\$.	0 .00	DATE		
d. Local	\$		D. NO. L		VERED BY E. O. 12372
e. Other	\$	1,053,600 ^{.00}	→ □ OR F	ROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE
		0.00	45 10 50	IOANT DELINOUS	THE ON ANY PEDERAL DEDTO
f. Program Income	\$	0 .00	17. IS THE APPL	ICANT DELINGUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	1,964,000 ^{.00}		attach an explanatio	
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY TH	HE GOVERNING BOD	S APPLICATION/PREA Y OF THE APPLICANT	PPLICATION ARE AND THE APPLIC	TURE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative				Middle Name	
Prefix	First Name Denis			whole Name	
Last Name	A A A A A A A A A A A A A A A A A A A			Suffix	
Turner b. Title				c. Telephone Numb	per (give area code) 600
Executive Di		. 19		e. Date Signed	JUU
u. Signature of Authorized Re	NI COCINCIIVE Kangar				

APPLICATION FOR	<u>.</u>	2. DATE SUBMITTED		Applicant Ider	Version 7/03
FEDERAL ASSISTANCE		May 4, 2004			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Un	it:	
Town of Mammoth Lakes			Department:	lic Works	
Organizational DUNS: 14	4603339		Division:		
Address:	- OF T	WEDI	Name and telepho	ne number of pe	rson to be contacted on matters
Street: 437 Old Mammoth Road, Suite	NEGET		involving this appl Prefix:	ication (give are First Name:	a code)
City:	0) 10	2004	Mr. Middle Name	Charles	
Mammoth Lakes County:	MAY 10	2004	A. Last Name	***************************************	
Mono State:	Zip Gode	-1105	Long Suffix:		
California	93546 0147E OLEAD	ING HOUSE			
Country: USA	SIAIL Ulmbont		Email: calong@att.net		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
77-0043067			760-934-8989 Ext. 2	226	760-934-7493
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lett		n 🔲 Revision	D - Township		
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)		ll	9. NAME OF FEDE Federal Aviation Ad		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program		20-106	Mammoth Yosemite Environmental Im		th Lakes, Mono County, California Phase 2
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):	1		
Town of Mammoth Lakes, Califo	ornia				
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION	IAL DISTRICTS	OF: b. Project
2004	2005		a. Applicant 4th		4th
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$		2,008,466	THIS P	REAPPLICATION	I/APPLICATION WAS MADE
b. Applicant \$		105,709		SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State \$.00	DATE:	May 7, 2004	
d. Local \$. 90	b. No. 🗍 PROGF	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00			T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		2,114,175 ·	Yes If "Yes" atta	ch an explanation	ı. 🗷 No
18. TO THE BEST OF MY KNOD DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	ALL DATA IN THIS APP GOVERNING BODY OF 1	LICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			la ac · ·	I. M	
Prefix Mr.	First Name Charles		A.	le Name	
Last Name Long			Suffix		
b. Title To Formul Deputy Town Manager				lephone Number 934-8989 Ext. 22	
d. Signature of Authorized Repre	sentetive 1			te Signed 57	4/04
Previous Edition Usable Authorized for Local Reproduction	1				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMI	TTED	<u> </u>	Applicant Ide	Version 7/
1. TYPE OF SUBMISSION:		3. DATE RECEIV				
Application	Pre-application				State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AG		AGENCY	NCY Federal Identifier	
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction	<u> </u>				
Legal Name:			Organizati	ional Unit:		
City of Lindsay		W E	Departmen n/a	ıt:		
Organizational DUNS:			Division:			
Address:			Name and	telephone r	umher of no	erson to be contacted on matters
Street:	IIII MAY - 7	را 2004	involving t	this applicat	ion (give are	ea code)
251 E. Honolulu	UU WAY	LUCITY L	Prefix: Mr.		First Name: Scot	
City: Lindsay			Middle Nam B.	ne		,
County: Tulare	STATE CLEAR!	NG HOUSE	Last Name	and the second	· Marker to paraget	
CA	93247	11011000	Suffix:	,	Na facilitation and the same an	
Country: USA			Email:	18"		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			end@lindsay ber (give area		Fax Number (give area code)
94-6000357	7		559-562-710		,	559-562-7100
8. TYPE OF APPLICATION:			7. TYPE OF	APPLICAN	T: (See back	k of form for Application Types)
₽ Ne		☐ Revision				, , , , , , , , , , , , , , , , , , ,
If Revision, enter appropriate let (See back of form for description	n of letters.)		Other (specif	fy)		
Other (specify)		Ц	9 NAME OF	F FEDERAL	ACENCY:	
	***************************************	·	USDA Rural	l Developme	nt	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	1			CANT'S PROJECT:
TITLE (Name of Program):		10-76	6 Lindsay Wel	liness Cente	r	•
TITLE (Name of Program): Community Facilities Loan						
12. AREAS AFFECTED BY PR		States, etc.):				
Lindsay, Tulare County, Californ 13. PROPOSED PROJECT	nia 					
Start Date:	Ending Date:		14. CONGRI a. Applicant	ESSIONAL I		DF: b. Project
January 2005 15. ESTIMATED FUNDING:	June 2006		21			21
1.0			16. IS APPL ORDER 1237	ICATION SU 72 PROCESS	BJECT TO F S?	REVIEW BY STATE EXECUTIVE
a. Federal \$ U.S.D.A.		7,870,000 ·	a. Yes. 🗹	THIS PREAF	PLICATION/	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b. Applicant \$		00	F	PROCESS F	OR REVIEW	ON
c. State \$.00		DATE: 2/6/0	4	
d. Local \$		1,220,000	b. No.	PROGRAM IS	S NOT COVE	ERED BY E. O. 12372
City of Lindsay/Hospital Dis e. Other \$	· · · · · · · · · · · · · · · · · · ·	00		OR PROGRA	M HAS NOT	BEEN SELECTED BY STATE
R.C.A.C. f. Program Income \$		1,000,000	F	OR REVIEW	/	IT ON ANY FEDERAL DEBT?
g. TOTAL \$			17.13 TIE A	AFFLICANT I	DELINGUEN	IT ON ANY FEDERAL DEBT?
		10,090,000	Yes If "Ye	es" attach an	explanation.	☑ No
18. TO THE BEST OF MY KNO OCCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, A AUTHORIZED BY THE G	ALL DATA IN THIS	S APPLICATION/PR	REAPPLICAT	TON ARE THE	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF T	THE ASSISTANCE IS AW	ARDED.	TOT THE ATTERDA	MI AND III	AFFLICAN	IT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name Scot			Middle Nar	ne B.	
ast Name	3000	W		Suffix	D.	
Townsend						
City Manage					ne Number (g 62 -71 03	jive area code)
. Signature of Authorized Repre	septative 2 2	7		e. Date Sig		
revious Edition Usable		1000				Standard Form 424 (Rev.9-2003)
uthorized for Local Reproduction	n .					Prescribed by OMB Circular A-102

APPLICATION FOR			ř.	ONIB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED	0004	Applicant Identifier
, EDETORE MODILE ! ! !		March 4	1, 2004	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	☐ Construction	4. DATE RECEIVED BY	PEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	O E I W E	<u> </u>	184031110
5. APPLICANT INFORMATION		15 15 11 V 12		
Legal Name: Tulare County Super		ol·oogš	Organizational Unit: Child Care Pr	
Address (give city, county, State,	and zip code):	MAY -1 900		number of person to be contacted on matters involving
Po Box 5091, Visalia	CA 93278-5091	- ALFABING HC		(559) 651-3022
6. EMPLOYER IDENTIFICATION	NUMBER (EIN): SA	lan Charletti IIII	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94-2191	905	margar and make gride and god benefits and a Dane State of State o		В
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
		· —	D. Township E. Interstate	L. Individual
If Revision, enter appropriate lette	er(s) in box(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Deci	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
	specify):	· Daration		
D. Decrease Duration Citier(s	эрвыну).		9. NAME OF FEDERA	AL AGENCY:
			USDA	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
-		10-766	Rural Developme	ent Child Care B
٠ ا			Train Bovolopini	
	Facilities Loans and G			
12. AREAS AFFECTED BY PRO	State (Cities, Counties, State	ates, etc.):		
Earlimart, Farmersville, Li	ndsay			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	<u> </u>	
I ROLOGED I RODEO				
Start Date Ending Date	a. Applicant		b. Project	
7/1/04 6/30/05	21-nı	unes		21-nunes
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PF	ROCESS?
a. Federal	\$	11-706		· · · · · · · · · · · · · · · · · · ·
	9952	14,300		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	14,306 11,705		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
	\$,145	00	PROCESS	TORREVIEW ON.
c. State		•	DATE	
d. Local	\(\)	.00		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
f D		00	10	
f. Program Income	\$	•	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 18705	26,011	┥	attach an explanation.
18 TO THE DEET OF MY ICHO	MI EDGE AND BELIEF AL	I DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		b. Title		c. Telephone Number
a. Type Name of Authorized Rep Jlm Vidak	nesentative	County Superinter	dent of Schools	(559) 733-6301
d. Signature (5) Authorized Repre	esentative \	1 30am, Gaponino		e. Date Signed
a. Digitatura piyutitorized nepte	V/ \ \ / / / / /			13-4-04
Previous Fattion Leable	y 000			Standard Form 424 (Rev. 7-97)

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APPLICATION		2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTAN	ICE	March 4	1, 2004	
·		3. DATE RECEIVED BY		State Application Identifier
1. TYPE OF SUBMISSION:	Droop ligation	S. DATE RECEIVED BY	VICIN	· ·
Application Construction	Preap lication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	☐ Non-Construction	3-10-04	mæ	·
5. APPLICANT INFORMATION				
l egal Name:			Organizational Unit:	~~~~
Tulare County Superi	intendent of School)	Child Care Pro	ogram number of person to be contacted on matters involvin
Address (give city, county, State,	and zip code):	ENWE	this application (give a	
Po Box 5091, Visalia	CA 93278 5091		Ray Chavez	(559) 651-3022
6. EMPLOYER IDENTIFICATION	NUMBER (E/N):	AV - 7 2004	7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)
94-2191	905	1	A State	H. Independent School Dist.
8. TYPE OF APPLICATION:	1072	TENDINO HOLL	B. County	I. State Controlled Institution of Higher Learning
☑ New	Continuation	Revision OU	G. Municipal D. Township	J. Private University K. Indian Tribe
	or(s) in boy(ss)	And the second s	E. Interstate	L. Individual
If Revision, enter appropriate lette	et(s) iii pox(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):			
		•	9. NAME OF FEDER	AL AGENCY:
			USDA	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		10-766	Rural Developme	ent Child Care A
			, , , , , , , , , , , , , , , , , , , ,	
12. AREAS AFFECTED BY PRO	Facilities Loans and G	oranis	-	
	JJEC I (Cilles, Courties, Su	ates, etc./.		
Cutler, Traver		*		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
7/1/04 6/30/05	21-n	unes		21-nunes
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	ROCESS?
a. Federal	\$	47,272	, VES THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00		E TO THE STATE EXECUTIVE ORDER 12372
b. / ppiloarre		38,678	1 .	FOR REVIEW ON:
c. State	\$.	.00	7	
		00	DATE	
d. Local	\$.00	L No E DDOOR	AM IS NOT COVERED BY E. O. 12372
C. C	6	00		OGRAM HAS NOT BEEN SELECTED BY STATE
e, Other	\$	•	FOR RE	
f. Program Income	\$.00		
rogram intollio		•	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	00	Type H'Yes'	' attach an explanation. ✓ No
		85,950		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
			HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF		b. Title		c. Telephone Number
a. Type Name of Authorized Rep Jlm Vidak	presentative	County Superinte	ndent of Schools	(559) 733 ₇ 6301
d. Signature of Autherized Repre	esentative	1 Julian, Gaponino		e. Date Signed
L Unil	14/4~			3-4-04
Previous Edition Usable				Standard Fórm 424 (Rev. 7-97)
Authorized for Local Reproduction	on			Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Ider	Version 7/03 ntifier
1. TYPE OF SUBMISSION:		March 29, 2004 3. DATE RECEIVED BY	/ STATE	State Applica	tion Identifier
Application	Pre-application	S. DATE RECEIVED B	JAIL	, Otate / tppiliqu	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Ident	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			O1	In:t.	Y
Legal Name:			Organizational L	Jnit:	
City of Lindsay	一百日日	WED			
Organizational DUNS: 004953261			Division:	•	
Address:			Name and telep	none number of pe	erson to be contacted on matters
Street:	IIII MAY - 7	- 1704 [[U]]	Prefix:	plication (give are	ea code)
251 E. Honolulu		Transperson Co.		Scot	
City: Lindsay			Middle Name B.		
County:	CTATE OF AR	ING HOUSE	Last Name Townsend		
Tulare :	Zip Code	STAN TOWN STANDS	Suffix:		,
State: CA	93247	<u> </u>	Email:		
Country: USA			scotbtownsend@		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)
94-6000357			559-562-7103		559-562-7100
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See bad	ck of form for Application Types)
₹ Ne	w Continuatio	n Revision	C - Municipal		
If Revision, enter appropriate let (See back of form for description	n of letters.)		Other (specify)		
			O NAME OF FE	DERAL AGENCY:	
Other (specify)			USDA Rural Dev	elopment	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1		ICANT'S PROJECT:
		10-769	Address: 104 Ap	ia, Lindsay, CA - A	PN # 205-235-014 ssist in business property
TITLE (Name of Program):		. CHU HUUU	development.	improvements to a	ssist in outsiness property
12. AREAS AFFECTED BY PF	OJECT (Cities, Countie	s. States, etc.):			
Lindsay, Tulare County, Califor					
13. PROPOSED PROJECT			14. CONGRESS	IONAL DISTRICTS	OF:
Start Date:	Ending Date:	***************************************	a. Applicant		b. Project 21
Oct. 2004	Feb. 2005		16 IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P.	ROCESS?	
a. Federal \$		44,266	a. Yes. Z THIS	PREAPPLICATION OF THE STATES	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b. Applicant \$				CESS FOR REVIE	
		15,500	DAT	E: 3/29/04	
U. O.C.					VEDED DV E. O. 12272
d. Local \$			ו ו מאו .מן		VERED BY E. O. 12372
e. Other \$					OT BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE APP	REVIEW LICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
					,
g. TOTAL \$	i Tananan	59,766		ittach an explanatio	
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF	F, ALL DATA IN THIS AF	PPLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	: GOVERNING BODT OF AWARDED.	THE APPLICANT	AND THE ALL EIG	Alti Mill Goin II min in I
a. Authorized Representative			i.	iddle Name	
Prefix	First Name Scot			3.	
Last Name			S	uffix .	
Townsend b. Title				Telephone Numbe	r (give area code)
City Manager		·	5	59-562-7103	
d. Signature of Authorized Repr	resentative) 	e.	Date Signed March 26, 2004	
Previous Builder Usable	12)	·			Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102
Authorized for Local Reproducti	on				Prescribed by Olvid Circulal A-102

				OMB Approval NO. 0348-0043
APPLICATION FOR FEDERAL ASSISTA	APPLICATION FOR FEDERAL ASSISTANCE		JBMITTED April 2	Applicant Identifier LCR No.: 2004-06
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RE	ECEIVED BY STATE	State Application Identifier
◆ Construction □ Non-Construction	☐ Construction☐ Non-Construction	4. DATE RE	ECEIVED BY FEDERA	L Federal Identifier
5. APPLICANT INFORMATION	<u> </u>			
Legal Name: RICHGROVE CO	MMUNITY SERVICES DISTR	RCTW E	Organizational Unit	: SPECIAL DISTRICT
Address (give city, county, State 20986 Grove Drive P.O. Box 86 Richgrove CA. 93261	MAY -	7 '2001	Involving this applic WILLIAM HAYTER Tulare County Red TELE. NO.: (559)-7	33-6291 EXT. 4302 FAX: (559)-730-2591
6. EMPLOYER IDENTIFICATION 9 4 - 2 8 0 1	ON NUMBER (EIN): 4 9 OT A.T.E. C.L.E.A.	ARING HO	SETYPE OF APPL	ICANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION:	A STATE OF THE PARTY OF THE PAR		A. State	H. Independent School Dist.
♦ New ☐ Continuatio	n Revision		B. County C. Municipal	State Controlled Institution of Higher Learning Private University
If Revision, enter appropriate let		,	C. Municipal D. Township	J. Private University K. Indian Tribe
II Revision, enter appropriate let	ter(a) iii box(a)		E. Interstate	L. Individual
	crease Award C. Increa (specify):	se Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)
		·		DERAL AGENCY: IENT OF AGRICULTURE
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:
	1 0 - 7	66.		Storm Water, Air Quality & Recreation Project: This
TITLE: COMMUNITY FACILIT	TES LOANS AND GRANTS	•	residential areas to	e construction of all weather safe access from elementary schools and bus stops, mitigation of road
			side dust (PM10) a	nd provides for development of a community
12. AREAS AFFECTED BY PR Richgrove, CA	OJECT (Cities, Counties, Sta	ates, etc.):		g basin proposed for funding under the USDA-RUS gestion Management & Air Quality grant.
13. PROPOSED PROJECT STORMWATER DRAINAGE AN RELATED IMPROVEMENTS	14. CONGRESSION DEVIN NUNES, 21st	NAL DISTRICTS DISTRICT	S OF:	
Start Date Ending Date 9/2005 9/2006	a. Applicant RICHGROVE COMN	MUNITY SERVI	CES DISTRICT	b. Project RICHGROVE STORMWATER, AIR QUALITY & RECREATION PROJECT
15. ESTIMATED FUNDING:			16. IS APPLICAT ORDER 1237	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
a. Federal	\$	372,538		REAPPLICATION/ APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12372 PROCESS
b. Applicant	\$	0	FOR REVIEV	/ON:
c. State	\$	0	DATE April	<u>22, 2004</u> AM IS NOT COVERED BY E.O. 12372
d. Local - TCRA	\$	10,500	☐ OR PRO	GRAM HAS NOT BEEN SELECTED BY FOR REVIEW
e. Other (CMAQ)	\$	781,525		CIVILLA
f. Program Income	\$	0	17. IS THE APPL	CANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	1,164,463	Yes If "Yes,"	attach an explanation ♦No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	ERNING BOD	S APPLICATION/PRI Y OF THE APPPLICA	EAPPLICATION ARE TRUE AND CORRECT, THE NT AND THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re			Presid	c. Telephone Number (661) 725-5632
d. Signature of Authorized	Achelo	-		e. Date Signed April 21, 2004
Previous Edition Usable Authorized fo Local Reproduction	on)			Standard Form 424 (Rev.7-97) Prescribed by OMB Circular A-102

APPLICATION	ON FOR		2. DATE SU	BMITTED	*.	\pplicant identifier	LCR No.: 2004-05
FEDERAL A	SSISTAN	NCE		April 22	2, 2004		201(140 2004-00
1. TYPE OF SU Application	BMISSION	Preapplication	3. DATE RE	CEIVED BY STATE		State Application Ide	ntifier
◆ Constructi □ Non-Constr		☐ Construction ☐ Non-Construction	4. DATE RE AGENCY	CEIVED BY FEDERA	L .	Federal Identifier	<u></u>
5. APPLICANT IN	FORMATION						
		MMUNITY SERVICES DISTR	RICI	Organizational Unit:	Spe	cial District	had an arathan
Address (give city 20986 Grove D P.O. Box 86 Richgrove CA.	93261	E G E	7 0004	rinvolving this applicated the country of the country Rede [JELE. NO.: (559)-73	ation <i>(give</i> PROJEC velopmen 33-6291 E	T COORDINATOR It Agency XT. 4302 FAX: (559)	-730-2591
6. EMPLOYER ID 9 4 - 2		N NUMBER (E/N): MA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. TYPE OF APPLI	CANT: (e	nter appropriate letter i	n box) G.
8. TYPE OF APPI New If Revision, enter a A. Increase Award D. Decrease Dura	LICATION: Continuation ppropriate lett B. Dec	n Revision CLEA	RING HO	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	I. St J. Pr K. In L. In M. Pr	dependent School Dist rate Controlled Institution rivate University dian Tribe dividual rofit Organization ther (Specify)	•
				9. NAME OF FED		ENCY: AGRICULTURE	
10. CATALOG OF	FEDERAL D	OMESTIC ASSISTANCE NU		11. DESCRIPTIVE	TITLE O	F APPLICANT'S PROJ	
RURAL	COMMUNITI			concerns the cons cross gutters, pipe a complete	struction elines an	and Air Quality Proj of concrete curbs, go d retention basins no	utters, paveouts, ecessary to provide
RICHGROVE,	CA	OJECT (Cities, Counties, Sta		to reduce health a and dust mitigatio	nd safety	ter runoff collection a y hazards and local t mer.	and disposal facility looding in winter
13. PROPOSED STORMWATER D RELATED IMPRO	RAINAGE AN	DEVIN NUNES, 21st		S OF:			
Start Date 9/2005	Ending Date 9/2006	a. Applicant RICHGROVE COMM	UNITY SERVI	CES DISTRICT	QUALITY	OVE STORMWATER PROJECT	
15. ESTIMATED F	FUNDING:			16. IS APPLICATION ORDER 1237		ECT TO REVIEW BY S S?	STATE EXECUTIVE
a. Federal RUS		\$	2,760,059			ON/ APPLICATION WA	
b. Applicant		\$		FOR REVIEW DATE : April		04	
c. State - Comm.	Dev. Block Gr	rant \$	35,000			 OT COVERED BY E.O.	12372
d. Local - TCRA	-	\$	534,293		RAM HAS	S NOT BEEN SELECT EW	ED BY
e. Other (CMAQ)	\$	2,382,532				
f. Program Income	3	\$	0	17. IS THE APPLIC	CANT DE	LINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL		\$	5,701,884	Yes If "Yes," a	attach an	explanation	♦No
DOCUMENT HAS	BEEN DULY	WLEDGE AND BELIEF, ALI AUTHORIZED BY THE GOV THE ASSISTANCE IS AWAR	ERNING BOD				
a. Type Name of		presentative b. Title ury Lou Delgado		Presid		Telephone Number	(661) 725-5632
d. Signature of Au	thorized	Nelvade			e.	Date Signed	April 21, 2004
Previous Edition U Authorized for Loca	sable	- /V					d Form 424 (Rev.7-97) by OMB Circular A-102

OMB Approval NO. 0348-0043

DOT



FIA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance TATE CLEARING HOUSE

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-37-X057
Budget Number:	1 - Budget Pending Approval
Project Information:	Los Angeles County JARC projects

Part 1: Recipient Information

Project Number:	CA-37-X057
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-37-X057
Project Description:	Los Angeles County JARC projects
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis - (213) 202-3956
Recipient Contact:	Gladys Lowe (213) 922-2459
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst #	20516

Gross Project Cost:	\$6,724,668
Adjustment Amt:	\$0
Total Eligible Cost:	\$6,724,668
Total FTA Amt:	\$3,362,172
Total State Amt:	\$0
Total Local Amt:	\$3,362,496
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified

Sec. of Statute:	3037
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 04, 2003
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official		
6	25	Howard P McKeon		
6	26	David Dreier		
6	27	Brad Sherman		
6	28	Howard L Berman		
6	29	Adam B Schiff		
6	30	Henry A Waxman		
6	31	Xavier Becerra		
6	32	Hilda L Solis		
6	33	Diane E Watson		
6	34	Lucille Roybal-Allard		
6	35	Maxine Waters		

APPLICATION FOR FEDERAL ASSISTAN	CE.	2. DATE SUBMITTED		TA8	Version 7/0
\\\	UE .	May 5, 2004		Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE State Application Identifier		
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	JN		Organizational Un	it-	
Nevada County			Department:	***************************************	
Organizational DUNS:			Housing & Commun Division:	ity Services Dep	artment
010979029	TO E G	[] V [n			
Address: Street:	11115		Name and telepho	ne number of pe	erson to be contacted on matters
950 Maidu Ave	113		involving this application (give area code) Prefix: First Name:		
City:	- MA	Y - 6 2004 L'	Mr. Middle Name	Ray	
Nevada City County:	Epst 110		Last Name		
Nevada County	The same is the same of the sa	TEADING HOUS	James		
State: California	Zip Cod STATE C	LEARING HOUS	Suffix:		
Country: United States of America			Email: ray.james@co.nevada.ca.us		
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	· · · · · · · · · · · · · · · · · · ·	Phone Number (give		Fax Number (give area code)
9 4 - 6 0 0 0 5 2	6		(530) 265-7275		(530) 265-9845
8. TYPE OF APPLICATION:	·		7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
		n TRevision	В		
(See back of form for description		П	Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	USDA, Rural Develo	•	CANT'S DOO LECT.
					1
TITLE (Name of Program):		10-433	Very Low-Income and Low-Income Single Family Home Owner Housing Rehabilitation Grants in the unincorporated areas of Nevada County,		
Rural Housing Preservation G		04-4	California.		
12. AREAS AFFECTED BY PI	ROJECT (Cities, Counties,	States, etc.):			
Nevada County, California 13. PROPOSED PROJECT			44.0000000000		
Start Date:	Ending Date:		14. CONGRESSION a. Applicant	AL DISTRICTS	DF: b. Project
July 1, 2004	June 30, 2005	-	4th Congressional D		4th Congressional District
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		100,000	THIS PE	EAPPLICATION	/APPLICATION WAS MADE
b. Applicant \$		0 .	AVAILAI	BLE TO THE STA BS FOR REVIEW	ATE EXECUTIVE ORDER 12372
c. State \$.uu	DATE:	5-5-0	+
d. Local \$		200,000 00 0			ERED BY E. O. 12372
e. Other \$		0	☐ OR PRO	GRAM HAS NO	F BEEN SELECTED BY STATE
f. Program Income \$		0	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00			
18. TO THE BEST OF MY KNO	WI EDGE AND BELIEF	300,000	Yes If "Yes" attac		
OCCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND	THE APPLICAT	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	I HE ASSISTANCE IS AW	ARDED.			
Prefix Ms.	First Name Robin		Middle	Name	
Last Name Sutherland	J		Suffix		
. Title Chair, Board of Supervisors) _ 1			phone Number (give area code)
. Signature of Authorized Repre	sentative)	1.1000	(530) 265-1480 e. Date Signed		
	non John	uland		3	-4.04 Shart-15 101 (B)

LFB

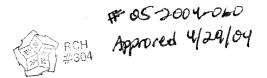
ALL CICATION				QMB Approval No. 8348-8043	
FEDERAL ASSI	STANCE		2. DATÉ SUBMITTED	Applicant Identifior	
1. TYPE OF SUBMISSION:		May 4, 2004			
Application	Pro-application		S. DATE RECEIVED BY STATE	State Application Identifier	
X Construction	Construction			,	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			F-113-B	
5, APPLICANT INFORMAT					
Lagal Name:	STATE OF CALL	FORNIA	Organizational Unit;		
Address (give city, county, a	state and zip code);		Department of Fish and	d Game	
Dept of Fish &	Game - Fisheries Pro	ograms Branch	Name and telephone number of the person to be	contaced on matters involving this	
1812 Ninth Stre	et	•	application (give area code):		
Sacramento, C	A 95814		Carolyn Murata (9	16) 445-3559	
6. EMPLOYER IDENTIFICA	• •		7. TYPE OF APPLICANT: (enter appropriate let	ttor <u>A</u>):	
	94-1697567		A State	H. Independent School Dist.	
8. TYPE OF APPLICATION	P	······································	B. County	I. State Controlled Instruction	
New	X Continuation	X Revision	C. Municipal	of Higher Learning	
If Revision, enter appropriat		-	D. Township	J. Private University	
	C	В	E. Interstate	L. Individual	
A. Increase Award	B. Ducrease Award		F. Intermunicipal	M. Profit Organization	
C. Increase Duration	D. Decrease Duration		G. Special District	N. Other (Specify)	
E. Other (specify):				<u></u>	
	AL DOMESTIC ASSISTANCE	NUMBER:	9. NAME OF FEDERAL AGENCY:		
15-605	_		U.S. Department of the	∃ Interior	
TITLE:	Sport Fish Rest		U.S. Fish and Wildlife	Service	
12. / AREAS AFFECTED B	Y PROJECT (cities, counties	, states, olc.);	11. DESCRIPTIVE TITLE OF APPLICANT'S PR	OJECT:	
			Motorboat Access Enhance	ment Project for	
	Lassen Coun	ty .	Eagle Lake Fishing Access In	nprovements.	
			To extend time and to start PI	·	
13. PROPOSED PROJECT	1	•	in costs). Amended Project N		
Start Date	Ending Date	14. CONGRESSIONAL DISTRI			
5/12/2003	12/31/2005	B. Applicant		b, Project	
15. ESTIMATED FUNDING			3	2	
a. Federal	\$2,355,849	16. IS APPLICATIO	ON SUBJECT TO REVIEW BY STATE EXECUTIVE	ORDER 12372 PROCESS?	
		a, YES, THIS F	PREAPPLICATION/APPLICATION WAS MADE AVAI	LABLÉ TO THE	
b. Applicant		STAT	E EXECUTIVE ORDER 12372 PROCESS FOR REV	VIEW ON:	
			À		
c. State	\$785,284	Date	: May 6, 2004		
		b. NO P	ROGRAM IS NOT COVERED BY E.O. 12372		
d. Local			OR PROGRAM HAS NOT BEEN SELECTED BY STA	ATE FOR REVIEW	
a. Other		17. IS THE APPLIC	CATION DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income		Yos	If "Yes", attach en explanation	X No	
g. TOTAL	\$3,141,133				
18. TO THE BEST OF MY N	(nowledge and belief, A	all data in this application	VPREAPPLICATION ARE TRUE AND CORRECT,	THE DOCUMENT HAS BEEN DULY	
		PLICANT AND THE APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURANC	ES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorize	d Represonative		b. Titta:	с. Тејерполе Китрег	
	Renee Renwick		Deputy Director, Admin.	(916) 653-4633	
d. Signalure of Authorized R	eprosontative)		e. Date Signed	
<i>ф</i>	Dilen 10	10 de de		5 5 04	
Approved for the Secretary of	T-Une-Imperior		Title:		
Signaturo					
Previous Editors No. Usable				Standard Form 424 (REV 4-88)	
	1AY - 6 2004	Autrorized for La	cal Reproduction	Proscribed by OMB Circular A-102	
	1111 U ZUU4				
Cata Value	CLEARING HO	710-1			
	t I pan LA feet 113 1 mm food	11 Sec. Score			

			TE A	Approved 9/29/04 OMB Approval No. 0348-0043
LICATION FOR				OMB Approval No. 0348-0043
EDERAL ASSISTAN	NCE	2. DATE SUBMITTED March 12	2, 2004	Applicant Identifier 240W0202
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
City of Firebaugh			Water Public	
Address (give city, county, State,	and zip code):	I F	N 1	number of person to be contacted on matters involving
1575 Eleventh Street	, Firebaugh, GA 9	3622 V E	his application <i>(give a</i> Jose Antonio (559) 659-204	Ramirez 13
6. EMPLOYER IDENTIFICATION 9 4 - 6 0 0 0	3 3 3	AY 5	Alstate	ANT: (enter appropriate letter in box) H. Independent School Dist.
8. TYPE OF APPLICATION:		CI Revision HOU	B. County	State Controlled Institution of Higher Learning Private University
✓ Nev	Continuation	Revision	D. Township	K. Indian Tribe
lf Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
			F. Intermunicipal	M. Profit Organization N. Other (Specify)
71. 111010000 7111010	crease Award C. Increas Comparison C. Increas	se Duration	G. Special District	N. Other (Specify)
	•		9. NAME OF FEDER	AL AGENCY:
Reconstruction of tw	o water treatment pla	nts	USDA-RUS	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:		TLE OF APPLICANT'S PROJECT:
		1 0 — 7 6 0	Modification and	expansion of two (2) existing water
TITLE:			treatment plants	to improve quality and quantity of treated emergency power and enhanced fire flow
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, S	tates, etc.):	and domestic de	
City of Firebaugh, Fresno	County, California			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
9/1/04 9/1/05		Dooley		Calvin Dooley
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
	1.0	00	ORDER 12372 P	ROCESS?
a. Federal	\$	2,486,800		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.00	1	E TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:
c. State	\$	400,000	DATE	
d. Local	\$	00		RAM IS NOT COVERED BY E. O. 12372
e. Other	\$.	.00	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE VIEW
f. Program Income	\$.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	2,886,800	-	attach an explanation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DUL			HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number
Jose Antonio Ramirez		City Manager		(559) 659-2043 e. Date Signed
d. Signature of Authorized Rep	resentative			03/12/04
Previous Edition Usable	d			Standard Form 424 (Rev. 7-97)

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APPLICATION FOR FEDERAL ASSISTANCE	CF.	2. DATE SUBMITTED		Applicant Ider	ntifier version 7703
	<u> </u>	April 30, 2004 3. DATE RECEIVED BY	CTATE	State Applicat	tion Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	TSIAIE	State Applica	don identifier
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
☐ Non-Construction	Non-Construction	The Advance of the Police of t	Maria Maria		
5. APPLICANT INFORMATION Legal Name:		VEDI	Organizational Uni	<u>:</u>	
Port of Oakland	117	<u> </u>	Department:		h its Daard of Dort Commissioners
Organizational DUNS:			Division:	ig by and inroug	h its Board of Port Commissioners
00-923-5326	UU MAY - 5	2004 4			
Address: Street:			Name and telephor involving this appli		erson to be contacted on matters ea code)
530 Water Street	STATE OF AND		Prefix:	First Name:	
City:	STATE CLEARIN	IG HOUSE 	Mr. Middle Name	Douglas	
City: Oakland			M		
County: Alameda County			Last Name Mansel		
State: CA	Zip Code 94607		Suffix:	,	
Country: USA			Email: dmansel@portoakla	ınd.com	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
9 4 - 1 7 4 6 3 1	2		510-627-1335		510-835-0178
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)
7 N		n Revision	С		
If Revision, enter appropriate (See back of form for descripting)	ietter(s) in box(es) ion of letters.)		Other (specify)		
			2 NAME OF FEBR	AL ACENOV	
Other (specify)			9. NAME OF FEDER Federal Aviation Ad		
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT:
		2 0-1 0 6	Construct electrical Oakland Internation		erminal 2 renovation project,
TITLE (Name of Program): Airport Improvement Program	a (AIP)		Oakland Internation	ai Airpoit	
12. AREAS AFFECTED BY		s, States, etc.):			
City of Oakland, Alameda Co	unty, CA				
13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	
Start Date:	Ending Date: December 31, 2004		a. Applicant		b. Project
July 1, 2004 15. ESTIMATED FUNDING:	December 31, 2004		1.	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
- Fada-al	\$		ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE
a. Federal	P	966,925	a. Yes. AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant	\$. 00	PROCE	SS FOR REVIE	WON
c. State	\$.00	DATE:	April 30, 2004	
d. Local	\$	232,883	b. No. PROGR	AM IS NOT CO	/ERED BY E. O. 12372
e. Other	\$.00			T BEEN SELECTED BY STATE
f. Program Income	\$,00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	00	☐ Yes If "Yes" attac	ch an evolanatio	n. 🗷 No
18. TO THE BEST OF MY KI	NOW! EDGE AND BELIEF	1,199,808	1	•	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AN	THE APPLICA	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES I		WYAKUEU.			
Prefix Mr.	First Name Steven	177.7	Middl J.	e Name	
Last Name	Steven		Suffix		
Grossman b. Title				ephone Number	(give area code)
Director of Aviation d. Signature of Authorized Rep	oresentative			527-1133 te Signed	
u. Signature of Authorized Rep	proseritative			30, 2004	



		."			OMB Approval No	. 0348-0043
APPLICATION FOR FEDERAL ASSISTAN	CE	2. DATE SUBMITTED	22/0/	Applicant Identif	lier	
			22/04	State Application	n Mantifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STAT	E .	gram Whitneam	It (Aggintie)	
	pplication	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier	<u> </u>	
	Construction Non-Construction			The second		
5. APPLICANT INFORMA				L		
Legal Name: Federation		rican Community	Organization			
Address (give city, county, state	e, and zip code):			dephone number ion <i>(give area cod</i>	of person to be contacted on ma	Item involving
PO Box 6256, Fres	no, CA 9370	3		souk Vee		,
Fresno County			(559)	452-8950	nga sangan s	
6. EMPLOYER IDENTIFICATION	(EIN):		7. TYPE OF	APPLICANT: (ent	ter appupulate latter in boxi	
0 4 - 3 7	0 0 1	5 1	A. State B. Count	H.	Independent School Dist. State Controlled Institution of HI	اــــــــــــــــــــــــــــــــــــ
8. TYPE OF APPLICATION:	F-1 _	П	C. Munic D. Town E. Inters	ipal J. snip K.	Private University indian Tribe Individual	
LIN	ew kył Con	tinuation Revision	F. Intern	runicipal M.	Profit Organization Nonpro	
If Revision, enter appropriate let	ter(s) in		5 1		Organi	zation
A. Increase Award B.	Decrease Award	E. Increase Duration				
	ther (specify):			•		
		MAY - 5 2004	S. NAME OF	FEDERAL AGEN	CY:	
	·	NEV VE		• •		
	A Albeit			THE THE OF S	ADDI ICANT'S DOO ECT.	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANC	ENTEARING HOU	St. Descar	PHYE HILE OF A	APPLICANT'S PROJECT:	*
			Lao A	gricultur	alEEmpowerment Proj	ect
	Str. <u>Endougladie</u> Deutscher Str. (1984)		(LAEF	?)		
TITLE: 12. AREAS AFFECTED BY PROJ	ECT (Cities, Countle	es, States, etc.)	(A co	ntinuatio	n^2003-04)	. ,
State of Californ	nia. Fresno	County.				
Cities: Kerman, S	Sanger, Selm	a, Easton, Fowle	1			
		RESSIONAL DISTRICTS	OF: Calv	vin M. Doo	ley-20th District,	Californ
Start Date Ending Date	a. Applicant		D. 174	Jock	1.144	
9/16/04 9/15/05	ESTIMATED FI	INDING	16. 1	S APPLICATION S	SUBJECT TO REVIEW BY STATE I	XECUTIVE
10.	ESTIMATEDIO	31101110	I -	ORDER 12372 PR	OCES87	
a. Federal	\$	69,900	.00	a. YES. THIS PRI AVAILAE	EAPPLICATION/APPLICATION WA	S MADE RDER
b. Applicant	\$.00		PROCESS FOR REVIEW ON:	
c. State	\$	•	.00	DATE		
d. Local	s		.00	بني ا	1	
d. Local					IGRAM IS NOT COVERED BY E.O. PROGRAM HAS NOT BEEN SELEC	
e. Other	\$.00	STA	TE FOR REVIEW	
f. Program Income	\$.00 17. 1		T DELINQUENT ON ANY FEDERAL	DEBT?
g. Total	\$	69,900	.00 L		explanation) TV NO	
18. TO THE BEST OF M CORRECT, THE DOCUM APPLICANT WILL COM					ON/PREAPPLICATION ARE BODY OF THE APPLICAN CE IS AWARDED.	
a. Type Name of Authorized Re		b. Title			c. Telephone Num	ber
Vilaysouk Ve		<i>1</i> E	xecutive	Director		-8950
d. Signature of Authorized Paper		Mayor	Abe	wo	e. Date Signed	3/22/04
Previous Edition Usable AUTHORIZED FOR LOCAL REPF	RODUCTION			F/	STANDARD FORM 42	4 (REV. 4-92)

APPLICATION FOR					1	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 4, 2004			Applicant Ide	entitier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y S1	TATE	State Applica	ation identifier
Construction	Construction	4. DATE RECEIVED BY	Y FE	DERAL AGEN	CY Federal Ider	otifier
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			7	Organizational	Jnit:	
•			-	Department:		
Mercy Housing Califo Organizational DUNS:	The state of the s	B I W E I		ivision:		
Organizational DONS.		B E I V B	111			La barrante de de moltono
Address:			111		hone number of p pplication (give a	person to be contacted on matters
Street: 3120 Freeboard Drive	, Suite 202	AY - 4 2004	L.	Prefix: Ms	First Name:	lllda
City: West Sacramento	Poliny grands		I	Middle Name Gu	anzon	
County:	an man to man have	CLEARING HOU	KI	ast Name	mores	
Yolo	Zip Code	CIERMINOTIO	9	Suffix:	110162	
State: CA	95691		\perp			
Country:				Email: nvalmores@mø	rcyhousing.org	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		f	Phone Number (give area code)	Fax Number (give area code)
34-3081666	57		9	916-414-4475		916-414-4492
8. TYPE OF APPLICATION:			7	7. TYPE OF API	PLICANT: (See ba	ack of form for Application Types)
₩ Ne	w · 🏻 Continuatio	n Revision		Non-Profit		
If Revision, enter appropriate le (See back of form for description	tter(s) in box(es) n of letters.)	П	c	Other (specify)		
Other (specify)				9. NAME OF FE USDA	DERAL AGENCY	;
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1	11. DESCRIPTI	VE TITLE OF APP	LICANT'S PROJECT:
		10-433				
TITLE (Name of Program):				Mercy	Housing	Calífornia
12. AREAS AFFECTED BY P	ROJECT (Cities, Countle	s, States, etc.):		Housi	ng Preser	vation Program
Calaveras County		4				
13. PROPOSED PROJECT	To die - Date:			<u>14. CONGRESS</u> a. Applicant	SIONAL DISTRICT	b. Project
Start Date: August 2004	Ending Date: July 2005			John Doolittle		John Doolittle
15. ESTIMATED FUNDING:				ORDER 12372 P	ROCESS?	TO REVIEW BY STATE EXECUTIVE
a. Federal	ì	75,000		a, Yes, 🗹 THI	S PREAPPLICATION ARIES TO THE S	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	5	100,000		,,,,	CESS FOR REVI	
c. State	5	,00			E: March 23, 200	
d. Local	,	40,000		D. NO. D.S		OVERED BY E. O. 12372
e, Other		no '		"", FOF	REVIEW	NOT BEEN SELECTED BY STATE
f. Program Income	·	- 00		17. IS THE APF	'LICANT DELINQI	UENT ON ANY FEDERAL DEBT?
g. TOTAL		215,000			attach an explanat	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BODY O	PPL FT)	ICATION/PREA HE APPLICANT	APPLICATION AR	E TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE
a Authorized Representative	First Name			ln	Alddle Name	-
Prefix Mr.	Greg					
Last Name Sparks					Sufflx :. Telephone Numb	DDF (alive area pode)
b. Title Vice President				1	916/414-4439	Cer (Alive grad code)
d. Signature of Authorized Rep	resentative	<u></u>		_	, Date Signed May 4, 2004	Standard Form 424 (Rev.9-2003
Previous Edition Usable	$i \sim \mathcal{L}//$					SIGNIGIO I VIIII TAT (I VOTIO"ECOO

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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE 2. DATE SUBMITTED			Applicant Identifier NA04NOS4190117		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		· · · · · · · · · · · · · · · · · · ·		
Legal Name:	entre entre de la completa de la	***************************************	Organizational l	Jnit:	
Foothill/Eastern Transportation	Corridor Agency	THE REAL PROPERTY OF THE PARTY	Department: Engineering and	Environmental Plan	ning
Organizational DUNS:	IN ERE	TW E In)	Division:		
Address:	Hnl-15 W 15	<u> </u>	Name and telep	none number of pe	rson to be contacted on matters
Street: 125 Pacifica, Suite 100	1124		Involving this ap	oplication (give are	a code)
	IIIII MAY -	4 2004 LU	Prefix:	First Name: Valarie	•
City: Irvine			Middle Name L		
County: Orange	A species OI part	RING HOUSE	Last Name McFall		
State: CA	Zio Code TE CLLA	Millionio	Suffix:		
Country: USA			Email: mcfall@sjhtca.co	om	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
3 3 - 0 2 9 4 2 7 6]		(949) 754-3475		(949) 754-3491
8. TYPE OF APPLICATION:		the company that the development of the first state of the second of the second of the second of the second of	7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)
₩ Nev		n Revision	N		
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)		
Other (enecity)			California Joint P	owers Authority DERAL AGENCY:	
Other (specify)					c and Atmospheric Admin
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Coastal Zone Management Adn		11-419			in Orange County, California ro be age scrub and/or riparian habitat.
12. AREAS AFFECTED BY PR		States etc.):	-		
Orange County, California	out (omos, courmes	, 0.0.00, 0.0.7.			
13. PROPOSED PROJECT			14. CONGRESS	ONAL DISTRICTS	OF:
Start Date:	Ending Date: 03/31/2006		a. Applicant 48	-	b. Project 44
10/01/2004 15. ESTIMATED FUNDING:	03/31/2000			ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		συ	ORDER 12372 PI	ROCESS?	NAPPLICATION WAS MADE
i i		494,739	_ a. Yes. 12 AVAI	LABLE TO THE ST.	ATE EXECUTIVE ORDER 12372
b. Applicant \$		494,739] PRO	CESS FOR REVIEW	VON
c. State \$			DATE	E: April 29, 2004	
d. Local \$			b. No. IT PRO	GRAM IS NOT COV	'ERED BY E. O. 12372
e. Other \$. DV		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$	artison year to a committee of the commi	.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		989,478	Yes If "Yes" a	ttach an explanation	ı. 😢 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF '			
a. Authorized Representative			T		
Prefix	First Name Wally				
Last Name Kreutzen				iffix	
b. Title Chief Executive Officer		4.		Telephone Number 49) 754-3400	(give area code)
d. Signature of Authorized Repre	sentative (J) 5	week		Date Signed	
Previous Edition Usable Authorized for Local Reproductio				///	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR						
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier		
		4/16/200	04	868510939		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
<u>Application</u>	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	,		Organizational Unit:			
	s Legacy Fund		South B	ay Wetlands		
Address (give city, county, State,			Name and telephone	number of person to be cont	acted on matters involvi	
	ol Mall, Suit	e 1255		rea code) (916)44		
Sacramento	o, CA 95814		John Schm	idt or Tamara	Todd	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter	in box)	
	8 3 8				N	
	101210		A. State	H. Independent School Dis	t.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institutio	n of Higher Learning	
☐¥ New	☐ Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe		
If Revision, enter appropriate lette	ar(s) in hoy(es)		E. Interstate	L. Individual		
ii isosiaioni, ontoi appropriate lette	37(3) 111 00/(03)		F. Intermunicipal	M. Profit Organization	6.1.	
A. Increase Award B. Decr	ease Award C. Increase	Duration	G. Special District	N. Other (Specify) non-	-prolit_	
D. Decrease Duration Other(s	specify):			AL AOTHOY		
			9. NAME OF FEDERA	ALAGENCY: Marine Fisher	ies	
			Service (
		A 2 of the section	1	TLE OF APPLICANT'S PRO	MECT:	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU		† '			
		1 1 - 4 6 3		Francisco Ba	У	
TITLE: Habitat	Conservation			estoration		
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	Project			
Alameda County		County,				
and San Mateo		TDICTE OF				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	51KIC15 UF:				
Start Date Ending Date 7/30/07	a. Applicant	1	b. Project	12+1 1/+1	15+ h	
Start Date	5t	h		13th, 14th,		
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY	STATE EXECUTIVE	
		00	ORDER 12372 PF	ROCESS?		
a. Federal	\$ 100,000	· · · · · · · · · · · · · · · · · · ·	a VES THIS DOE!	APPLICATION/APPLICATIO	N WAS MADE	
b. Applicant	¢		AVAILABLE	TO THE STATE EXECUTI	VE ORDER 12372	
a. Applicant	° 5,851,000	EIVED 1	li .	FOR REVIEW ON:		
c. State	s REC	A 2004		110/01		
		Y = 3	-11	4/19/04		
d. Local	\$ \\\	· 00	AL NE TI DECOM	AM IS NOT COVERED BY E	O 12372	
o Other		CLEARING HOUSE	D UB BBO	GRAM HAS NOT BEEN SEL	ECTED BY STATE	
e. Other	\$ 611.00 CATATE	CLEAMIN	FOR REV			
f. Program Income	\$	00	1			
, i logiam moonie	Ψ	•	17. IS THE APPLICA	NT DELINQUENT ON ANY	FEDERAL DEBT?	
g. TOTAL	\$ 6,562,000	.00	7	attach an explanation.	[X] No	
18. TO THE BEST OF MY KNOV	, ,	DATA IN TUIC ADDI IO	ATION/PREADDLICAT	TION ARE TRUE AND COR	RECT, THE	
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY	VLEUGE AND BELIEF, ALI AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TI	HE APPLICANT WILL COM	PLY WITH THE	
ATTACHED ASSURANCES IF						
a. Type Name of Authorized Repr		b. Title	Director	c. Telephone Number (916)442-50	57	
Eric Holst		Executive	Director	<u> </u>	1 2	
d. Signature of Authorized Repre	entative			e. Date Signed 5/3	104	
	′ ບ′′				· · · · · · · · · · · · · · · · · · ·	

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED acant Identifier FEDERAL ASSISTANCE April 26, 2004 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier <u>Application</u> Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Yuba-Sutter Economic Development Corporation Non-Profit Public Benefit 501(c)3 Corporation Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 1300 Franklin Road Yuba City, CA 95993 Tim Johnson, 530-751-8555 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) Ν 6 8 - 0 3 4 2 1 4 5 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision New New Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Private Non-Profit A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, EDA 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT. 3 0 2 Section 203 Planning Assistance TITLE: ED Support for Planning Organizations 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba and Sutter Counties 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 10/1/04 9/30/05 District 2 District 2 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 50.000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 50.000 PROCESS FOR REVIEW ON: c. State 04/26/04 ATE CLEARING HOUSE DATE nn d. Local b. No. PROGRAM IS NOT COVERED BY E. O. 12372 00 e. Other ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 00 f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. No. 100.000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number

a. Type Name of Authorized Representative b. Title

Tim Johnson **Executive Director**

(530) 751-8555 e. Date Signed

Previous Edition Usable

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d. Signature of Authorized/Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FO	R			, O F	/IB Approval No. 0348-0
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED	28, 2004	Applicant Identifier R9#03-238	
1. TYPE OF SUBMISSION: Application Construction Non-Construction	Preapplication Construction Non-Construction	3. DATE RECEIVED	BY STATE BY FEDERAL AGENCY	State Application Identifie	г
5. APPLICANT INFORMATIO	ON TO THE TOTAL CONTRACTOR				, — , — <u>, — , — , — , — , — , — , — , —</u>
Legal Name: Monterey County \	Nater Resources Age	ency	Organizational Unit:		
Address <i>(give city, county, St.</i> 893 Blanco Circle Salinas, Monterey,	CA 93902		this application (give)	number of person to be corered code) afft 831 755-4864	tacted on matters invol
9 4 — 6 0 0	10N NUMBER (EW): MAI 0 5 2 4 60-241-61		1	ANT: (enter appropriate lette H. Independent School Di	G
F. TYPE OF APPLICATION: N Revision, enter appropriate to the control of the con	letter(s) in box(es)	EARING HOUS Revision Duration	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	I. State Controlled Instituti J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
	··(•p•• //).		9. NAME OF FEDER	AL AGENCY.	
				rotection Agency	
U. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PRO) IECT:
TITLE: Surveys, S 2. AREAS AFFECTED BY P Salinas Valley, Montere	Studies, Investigations and ROJECT (Cities, Counties, State	6 6 — 6 0 6 d SPG es, etc.):	Planning Activitie Water Project: D Management Pla	es Associated with the evelop a Salinas Valle an	Salinas Valley y Integrated Water
3. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
tert Date Ending Date 9/1/04 9/30/06 5. ESTIMATED FUNDING:	a. Applicant 17th Congressiona	al District of CA	b. Project	Congressional District	of CA
			ORDER 12372 PR	SUBJECT TO REVIEW BY	STATE EXECUTIVE
Federal	\$	447.400			
Applicant State	\$	447,100	AVAILABLE	PPLICATION/APPLICATION TO THE STATE EXECUTION FOR REVIEW ON:	N WAS MADE . /E ORDER 12372
Local	\$, w	DATE04/30/04 b. No.		
Other	\$.00			
Program Income	\$, oo	FOR REVI	EW	
TOTAL	\$	147,100 °	Yes If "Yes," a	T DELINQUENT ON ANY F	E7 No.
TACHED ASSURANCES IF	WLEDGE AND BELIEF, ALL D AUTHORIZED BY THE GOVE THE ASSISTANCE IS AWARD		ATION/PREAPPLICATI E APPLICANT AND TH	ON ARE TRUE AND CORE E APPLICANT WILL COMP	1
Type Nameoi Authorized Rep curtis V. Weeks Signature of Authorizad Plant	presentative b.	Title Seneral Manager		c. Telephone Number (831) 755-4860	
avious Edition Usable	VVI			e. Date Signed	

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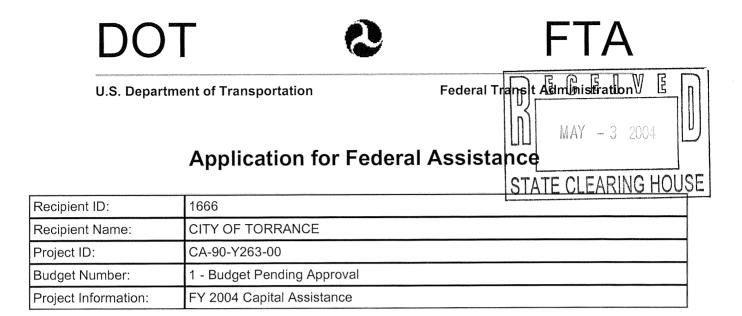
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 0	5/03/04	Applicant Iden	iffier 175091
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Canstruction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier
. Non-Construction 5. APPLICANT INFORMATION	Nan-Construction			_L	
Legal Name:			Organizational Unit		
The City of San Di	-	•	Department: Engine		
Organizational OUNS: 00-784-3	720		Division: Transportat	tion Engineering	Design .
Address:			Name and tolephon involving this appli		rson to be contacted on matters
Street: 1010 2nd Avenue, Suite	1200	SEUTED	Prefix: Mr.	First Name: M	a code/
Ciry: San Diego	- MHE	CEIVED	Middle Name		дія
County: San Diego	4	MAY - 3 2004	Last Name Nassar		•
State: CA	Zip Code 92101		Suffix:		
Country: United States of Amer	STATI	CLEARING HOUS	Email: mnassar@sa	indlego.gov	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
95-6000776	l w		(619) 533-3779		(619) 533-3071
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
R Nev		n 🔲 Revision	C. Municipal		
If Revision, enter appropriate let (See back of form for description	ler(s) in box(es) i of letters.)	П	Other (specify)		
Other (specify)			NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANT	CE NUMBER:	11. DESCRIPTIVE 1	TILE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):	le & Tribal Assistance Pi	66-606	Los Penasquitos Co Diversion Diversion		erception/Low-Flow Starm .
12. AREAS AFFECTED BY PR					
City of San Diego					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: November 2006	Ending Cate: December 2007		a. Applicant District	49	b. Project District 49
15. ESTIMATED FUNDING:	2000111001 2001		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PRO	REAPPLICATION	JAPPLICATION WAS MADE
55% b. Applicant S		2,8 50,700 -		BLE TO THE STA SS FOR REVIEW	AL EXCOUNTE OUDER 12012
45% c. State \$		2,332,391	DATE:	05/03/04	
d. Local \$		ш			'ERED BY E. O. 12372
e, Other \$			b. No. D PROGR	GRAM HAS NO	T BEEN SELECTED BY STATE
f, Program Income \$			'─ FOR RE	VIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		(I)	Yes If 'Yes' attac		
18, TO THE BEST OF MY KNO	W FOGE AND RELIEF	5,183,091` - ALL DATA IN THIS APP			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	'AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Mana		Midd	le Name	
Prefix Mr.	First Name Frank		l l	•	
Last Name Belock			Suffo		(alian man code)
b. Title Director			(61	lephone Number 9) 236-6274	
d. Signature of Authorized Repri	esenlative	010	te. D∌	ite Signed 5	3'09' Stendard Form 424 (Rev.9-2003)
Previous Edition Usable Authorized for Local Reproduction	on				Prescribed by OMB Circular A-102

APPLICATION FOR	_	O DATE CUDINITIES		<u> </u>	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 19, 2004		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier	
☑ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizationa	al I Init		
City of Watsonville			Department:		**************************************	
Organizational DUNS:		D 011 13	Airpo Division:	orts		
030414994		E I V E IN				
Address: Street:	HU)-=		I Name and tele	ephone number of pe application (give are	erson to be contacted on matters	
100 Aviation Way		n min IIII	Prefix: Mr.	First Name: Donald		
City: Watsonville	 ШШ МАТ-		Middle Name	Donaid		
County:			Last Name			
Santa Cruz State:	IZID CORE ATE CHI	EARING HOUSE	French Suffix:			
California	9507897711					
Country: USA			Email:	@ci.watsonville.ca.us		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Numbe	r (give area code)	Fax Number (give area code)	
94-6000451			(831) 728-607	5	(831) 763-4058	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate lett		n Revision	C. Municipal			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)				EDERAL AGENCY:		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:		lation Administration	CANT'S PROJECT:	
IV. OATALOG OF FLDERAL	JOMEO 110 ACCIOTANC		1		nville, Santa Cruz County,	
TITLE (Name of Program):		20-106	California	•		
TITLE (Name of Program): Airport Improvement Progr		0(-11-)		Access Road (60' x 1, ILS - Glide Slope, MA		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	; States, etc.):	Undergro	und Utilities - Relocate	e Threshold Runway 20	
City of Watsonville, California 13. PROPOSED PROJECT			44 CONCRES	SSIONAL DISTRICTS	OF:	
Start Date:	Ending Date:	***************************************	a. Applicant	SOUNAL DISTRICTS	b. Project	
2004	2004	omenan undirectionemen expressionemen expressionemen expressionemen expressionemen expressionemen expressionem		17	17	
15. ESTIMATED FUNDING:			16. IS APPLIC		REVIEW BY STATE EXECUTIVE	
a. Federal \$		1,872,450			NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		98,550	۰٬۰۰	ROCESS FOR REVIEW		
c. State \$		90,550	DA	ATE: April 20, 2004		
d. Local \$		00	PR	OGRAMIS NOT COV	/ERED BY E. O. 12372	
e. Other \$			D. NO. LL		T BEEN SELECTED BY STATE	
f. Program Income \$			│	R REVIEW	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$.00			077/ . .	
18. TO THE BEST OF MY KNO	WI EDGE AND DELIEE	1,971,000		" attach an explanation		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF				
a. Authorized Representative	THE ASSISTANCE IS A	WARDED.				
Prefix Mr.	First Name Donald			Middle Name E.		
Last Name French				Suffix		
b. Title Airport Manager				c. Telephone Number (831) 728-6075	(give area code)	
d. Signature of Authorized Repre	sentative			e Date Signed	UC 22,2004	
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APPLICATION FOR				•	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 04/27/2004		Applicant Ider 056820715	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Toiiii		
Legal Name:	dette		Organizational Unit: Department:		
San Jose State University Four Organizational DUNS:	idation		Department of Manag	gement Informa	tion Systems
056820715			SJSU College of Bus		
Address: Street:			Name and telephone involving this application		erson to be contacted on matters ea code)
210 North Fourth Street			Prefix:	First Name:	
City:	15		Middle Name	I aui	
San Jose County:		EGEIV	F. rbast Name		
Santa Clara	17:- 0-1-		hast Name McNamara		
State: California	Zip Code 95112-5569	MAN	 Suffix 	****	
Country: United States		MAT - 3 2004	Email:	ion.sjsu.edu	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
94-6017638] [STAT]	Fin CI for A FO I A FO	(408) 924-1430		(408) 924-1496
8. TYPE OF APPLICATION:		THE THE PROPERTY OF THE PROPER	1 1 9 100	ANT: (See bac	k of form for Application Types)
If Revision, enter appropriate let		n Revision	O		
(See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FEDER Department of Comm		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		CANT'S PROJECT:
		1 1 - 5 5 2	Mobile Literacy Team	าร	
TITLE (Name of Program): Technology Opportunities Prog	rom	المالك المالك			
12. AREAS AFFECTED BY PR		s, States, etc.):			
San Jose, California	,	,			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	
Start Date: 10/01/2004	Ending Date: 09/30/2007		a. Applicant		b. Project 16
15. ESTIMATED FUNDING:	1 00/00/200/				REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PROC	ESS? EAPPLICATION	I/APPLICATION WAS MADE
		528,216	a. res. Per AVAILAB	LE TO THE ST	ATE EXECUTIVE ORDER 12372
		528,216		S FOR REVIEV	VON
c. State \$.00	DATE: 0	4/29/2004	
d. Local \$	elektristere en	.00	b. No. 🗍 PROGRA	M IS NOT COV	'ERED BY E. O. 12372
e. Other \$.00	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$.00	FOR RE\		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		4.050.400	☐ Yes If "Yes" attach	•	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIFF	1,056,432 . ALL DATA IN THIS APP			
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF T			
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix Ms.	First Name Pamela		Middle C.	Name	
Last Name Stacks	1		Suffix Ph.D		
b. Title			c. Tele	phone Number	(give area code)
Interim Associate Vice Presider d. Signature of Authorized Repre		nd Research		924-2427 e Signed	<i>l</i>
	1051		e. Date	signed 4/	27/04
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Part 1: Recipient Information

Project Number:	CA-90-Y263-00
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Union President
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project	\$3,759,495
Project Number:	CA-90-Y263-00	Cost:	
Project Description:	FY 2004 Capital Assistance	Adjustment Amt:	\$0
		Total Eligible Cost:	\$3,759,495
1			

Recipient Type:	City
FTA Project Mgr:	J. Ottomanelli, 213.202.3957
Recipient Contact:	Jim Mills- 310-618-6291
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2003 - Nov. 30, 2004
Recvd. By State:	Apr. 20, 2004
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

[]	I	00.00==0=
Total FTA Amt:		\$3,007,597
Total State Amt:		\$42,214
Total Local Amt:		\$709,684
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final Budget?:	No	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

-	State ID	District Code	de District Official		
-	6	36	Jane Harman		
	6	37	Juanita Millender-McDon		

Project Details

DOL Checklist

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified.

The City of Torrance (Recipient #: 1666) is receiving all funds in the grant.

APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUE	BMITTED)	Applicant Iden	Version 7/03	
1. TYPE OF SUBMISSION:	·						
Application	Pre-application	3. DATE REC	SEIVED	BYSIAIE	State Applicat	ion identifier	
☐ Construction	Construction					fier	
Non-Construction 5. APPLICANT INFORMATION							
Legal Name:				Organizational	Unit:		
Neighborhood House of North F	ighmond E G E] V [€		Department: Community Hea	alth Initiative		
Organizational DUNS: 053046827		u V La		Division:	stances Project		
Address:	HILL MAY A	0.000		Name and tele	phone number of pe	rson to be contacted on matters	
Street: 305 Chesley Avenue	IUU MAI - J	2004 I	\cup	involving this a	application (give are	a code)	
-				Ms.	First Name: Pamela		
City: Richmond	STATE CLEAR	ING HOL	ISF	Middle Name Darlene			
County: Contra Costa				Last Name Neyland	The second secon		
State: CA	Zip Code 94801			Suffix: N/A			
Country: United States of America				Email: pdncpa@aol.co	om	·	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			Phone Number		Fax Number (give area code)	
9 4 - 1 3 3 1 8 3 9] .			510.235.9780		510.235.3112	
8. TYPE OF APPLICATION:				7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)	
Nev If Revision, enter appropriate lett	Continuation	n 🔲 Rev	ision	O. Not for Profit	Organization		
(See back of form for description	of letters.)			Other (specify)			
Other (specify)				9. NAME OF FE Environmental I	NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:			VE TITLE OF APPLI	CANT'S PROJECT:	
		6 6 - 6	04		•		
TITLE (Name of Program): Environmental Justice Hazardor	ia Cubatanasa Dagaarah		لنالنا			3.4	
12. AREAS AFFECTED BY PR							
North Richmond, Parchester, Iro		•		North Richmon	d Indoor Air Quality R	esearch Project	
13. PROPOSED PROJECT				14. CONGRES	SIONAL DISTRICTS	OF:	
Start Date: September 1, 2004	Ending Date: August 30, 2005			a. Applicant 7th Congressio	inal District	b. Project 7th Congressional District	
15. ESTIMATED FUNDING:	August 30, 2003					REVIEW BY STATE EXECUTIVE	
a. Federal \$			00	ORDER 12372 I		LARRI ICATIONI MAGAMARE	
		25,000	•			NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$				PR	OCESS FOR REVIEV	V ON	
c. State \$			00	DA ⁻	TE: April 29, 2004		
d. Local \$				b. No. 🔲 PR	OGRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$				FOI	R REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$,00	17. IS THE APP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		25,000	.00	☐ Yes If "Yes"	attach an explanation	n. 🗷 No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Authorized Representative							
Prefix Ms.	First Name Barbara				Middle Name Jean		
Last Name Becnel				Suffix N/A			
b. Title Executive Director				:	c. Telephone Number (give area code) 510.235.9780		
d. Signeture of Authorited Repre	sentative 2	10A. 8	/	•	e. Date Signed		

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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 04/28/04		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier
Construction	Construction	4. DATE RECEIVED BY	TEDERAL AGENC	1 Gacrariaciia	noi
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
		T V E In)	Organizational U	nit:	
St. Andrew's Court Developmen	it Corporation		Department:	A California Corpo	ration
Legal Name: St. Andrew's Court Developmen Organizational DUNS:		A 000 t	Division:		
Address:	THIII WAT				rson to be contacted on matters
Street: 18543 Devonshire Street, #442			involving this ap	plication (give are First Name:	a code)
10040 Bovoriorino Guodi, il 112	F. 1. 6751	ADMO HOUSE	Prelix.	Leslie	
City: Northridge	STATE CLE	ARING HOUSE	Middle Name		
County:			Last Name Gorospe		
State: CA	Zip Code 91324		Suffix:		
Country: USA			Email: leslie.gorospe@p	nc.com	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give area code)
10-0003629]		415-733-1523		415-733-1555
8. TYPE OF APPLICATION:			7. TYPE OF APPI	ICANT: (See bac	k of form for Application Types)
Nev		n 🔲 Revision	Profit Organization	า	
If Revision, enter appropriate lett (See back of form for description	of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FED US Department of	ERAL AGENCY: Housing and Urba	in Development
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:		-	CANT'S PROJECT:
TITLE (Name of Program): Morgage Insurance - Rental Ho 12. AREAS AFFECTED BY PR		1 4 - 1 3 4	market-rate apart	ment building that is of financing consis	v construction of a 41-unit s near Los Angeles' downtown st of the proposed HUD loan and
Los Angeles, CA		-, -,,			
13. PROPOSED PROJECT			14. CONGRESSIO	ONAL DISTRICTS	OF:
Start Date:	Ending Date: 6/2005		a. Applicant CA-27th District		b. Project CA-34th District
6/2004 15. ESTIMATED FUNDING:	6/2005			ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PR	OCESS?	
a. Federal \$		5,660,000	a. Yes. AVAII	ABLE TO THE ST	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		459,188 ·		CESS FOR REVIEW	
c. State \$.00	DATE	: 08/05/2003	
d. Local \$	·····	.00	b. No. 🗇 PROC	RAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$.00		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$. 00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	***************************************	6,119,188 ·	☐ Yes If "Yes" at	tach an explanatior	n. 🛮 🗗 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE 1 IND THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		Mic	ddle Name	
Last Name	First Name Leslie		Su		
Gorospe					
b. Title Mortgage Analyst	/)		c. ⁻ 41	Felephone Number 5-733-1523	(give area code)
d. Signature of Authorized Repre	sentative		e. I	Date Signed 28/04	
	- The same of the		4/-	LU/UT	

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APPLICATION FOR		protection and the second and the se			· ,	version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITT	ED		Applicant Iden	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	D BY	STATE	State Applicat	ion Identifier
Construction	☑ Construction	4. DATE RECEIVE	D BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	Martin		***************************************	Organizational Unit		
Plumas Eureka Community Ser	vices District E	EIWE		Department: Plumas Eureka CSD		
Organizational DUNS:				Division:		A Allendary
Address:						erson to be contacted on matters
Street: 200 Lundy Lane	IUU MAY	- J ZUI4		involving this applic	First Name:	ea code)
					, not realise.	
City: Blairsden	CTATECI	EVDING HOL		Middle Name		
County: Plumas	STATE OF	EARING HOU	りこ し	Last Name	V-1-20110-2-10-2-10-10-10-10-10-10-10-10-10-10-10-10-10-	
State: CA	Zip Code 96103			Suffix:		
Country:				Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			Phone Number (give	area code)	Fax Number (give area code)
	1					
8. TYPE OF APPLICATION:				7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
☑ Ne		on 🔲 Revision		G Special District		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) n of letters.)			Other (specify)		
Other (specify)				9. NAME OF FEDER USDA Rural Develop		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:		11. DESCRIPTIVE T	ITLE OF APPLI	ICANT'S PROJECT:
		1 0 - 7 6	ո	Wastewater Treatme	ent Plant 7 Impro	ovement Project
TITLE (Name of Program): Community Facilities Loans and	d Grants		<u> </u>			
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counti	es, States, etc.):				
Plumas Eureka Development, I	Plumas Countu, CA					
13. PROPOSED PROJECT				14. CONGRESSION	AL DISTRICTS	
Start Date:	Ending Date:			a. Applicant John Doolittle		b. Project Same
15. ESTIMATED FUNDING:				16. IS APPLICATION		REVIEW BY STATE EXECUTIVE
a. Federal \$		00		a. Yes. THIS PRO	EAPPLICATION	N/APPLICATION WAS MADE
		573,896		a. res. 📂 AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$		•		PROCE	SS FOR REVIE	W ON
c. State \$		- 00		DATE:		
d. Local \$				b. No. 🔲 PROGR	AM IS NOT CO	VERED BY E. O. 12372
e. Other \$.00		FOR RE	VIEW	OT BEEN SELECTED BY STATE
f. Program Income \$.00		17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		573,896 ·		Yes If "Yes" attac	h an explanatio	n. 🛮 🗷 No 🔍
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY TH	E GOVERNING BOD	S APP Y OF T	LICATION/PREAPPL THE APPLICANT ANI	CATION ARE THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative						
Prefix Mr.	First Name Ivan			Middle	e Name	
Last Name Gossage	s-l-a-s-a			Suffix		
b. Title General Manager	/			c. Tel	ephone Number	(give area code) 3 6 - 19 5 3
d. Signature of Authorized Repr	eentative			e. Dat	o Signod 4	30/04

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERA	AL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission: Application Preapplic	eation	3. Date Rec'd by State	State Application Identifier
Construction Con	nstruction	4. Date Rec'd by Federal	Federal Identifier X 98927101
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code State Water Resources 1001 I Street, Sacrame Sacramento, California	Control Board nto County	Organizational Unit: Central Valley Regional Water (Name and telephone of person to involving this application (give a Karen Larsen (916) 464-4646	o be contacted on matters
If Revision, enter appropriate letter(s	Continuation c): _AC ecrease Award	B. County I. S C. Municipal J. P D. Township K. I E. Interstate L. I F. Intermunicipal M.	oropriate letter) _A Independent School District tate Institute of Higher Learning trivate University Indian Tribe Individual Profit Organization Other (specify)
Other (specify)	stigations and	11. Descriptive Title of Applica	
12. Area Affected by Project: (cities, counties, states, etc.)		The long-term objective of this p Sacramento River and its tributa appropriate water quality standa thereby protect beneficial uses.	ries into compliance with
	Date 12/31/05	14. Congressional District of: Applicant: Proj 3 Cali	iect: ifornia - All
a. Federal b. Applicant c. State d. Local e. Other f. Program Income	\$52,000 \$0 \$0 \$0 \$0 \$0 \$0	available to the St review on:	ocess? cation/preapplication was made cate EO 12372 process for c: May 3, 2004 s not covered by EO # 12372 has not been selected by the eview.
g. TOTAL	\$52,000	17. Is the applicant delinquent of YES, attach explanation	
18. TO THE BEST OF MY KNOW TRUE AND CORRECT, THE DOC APPLICANT, AND THE APPLICA IS AWARDED.	UMENT HAS BEEN DULY	AUTHORIZED BY THE GOVERN	NING BOARD OF THE
a. Typed Name of Authorized Repro Celeste Cantú	esentative E G E	b. Gittle Executive Directo	c. Telephone Number or (916) 341-5615
d. Signature of Authorized Represen	ntative MAY - 3	2004	e. Date Signed:
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